December 27, 2002

MEMORANDUM

TO: DIRECTORS OF FINANCE

RE: FISCAL YEAR BUDGET REQUEST FOR FISCAL YEAR ENDING JUNE 30, 2004 (FY04)

Enclosed are the fiscal year budget request instructions to access your Online Budget Request. This system was designed for all Constitutional Officers to submit requests for salaries and allowances for the fiscal year ending June 30, 2004. The provisions of §15.2-1636.7, Code of Virginia (1950), as amended, require the Online Budget Request to be submitted to the Compensation Board **on or before February 1, 2003.**

This budget package contains the following:

A. FY04 Budget Preparation Guidelines.

B. On-Line Budget Request System User Guide for Directors of Finance:

   1. Information necessary to complete the Budget Request.
   2. Specific computer instructions.
   3. Budget Submission Check Off List.
   4. Certification of participation in an employee performance evaluation plan.

The Fiscal Year Budget Request for the Fiscal Year ending June 30, 2004 is an online computer system accessed through the State Network Interface Project (SNIP). Please review the supplied data for accuracy. You should amend any inaccuracies that may appear.

Please keep in mind, if the change is a personnel action (CB10) that has not been entered into the SNIP system, **enter the online CB10 form immediately**, so that this approved change will be documented. Documentation will also be required from you for actions affecting your July 1, 2003 base budget, if different from the supplied data. Provide all justification required along with Job Descriptions if you are requesting any position reclassification and have not been delegated classification authority. Please complete all required fields, as the system will not allow you to certify (sign off) the request until all required fields have been completed.

Please ensure that your Online Budget Request and documentation are received by the Compensation Board not later than February 1, 2003, as required by §15.2-1636.7, Code of Virginia, and that you notify the Governing Body of your locality when the Online Budget Request is available for them to view.

Should you have questions regarding the Online Budget Request System please call your program technician, Sharon Woo, at (804) 786-0786, extension # 219

Sincerely,

Bruce W. Haynes
Executive Secretary

Attachments

Copy to: Governing Body (w/o Attachments)
James W. Matthews, Assistant Executive Secretary
Alice M. Coe, Manager, Customer Service
Charlene M. Rollins, Senior Management Analyst
Sharon V. Woo, Senior Fiscal Technician

FY04 BUDGET PREPARATION GUIDELINES

To assist you in completing the Online Budget Request, the following are a few items which you should have available as you begin working on your budget request.

- The Compensation Board (CB) Operating Manual (available on the CB Website)
- December 1, 2002, Salary Scale (available on the CB website)
- Compensation Board Approved Budget FY03
- Compensation Board Actions affecting your Base Budget
- Years and Months you and your employees have each been in a full-time Compensation Board funded position.
- CB10 forms approved after 12/31/02
- Workload Data for Calendar Year 2002
- Approved Permanent Employees Salaries, effective 12/1/02
- The Compensation Board Website address is www.scb.state.va.us

Please keep in mind these screens **'TIME OUT' after 15 minutes of inactivity.** This means that if you must leave to pull information after you get to a particular screen, your computer may log you off before you get back to enter the necessary data. Information that was previously entered may also have to be reentered.

The system will allow you to scroll through your entire Budget Request without returning to the menu.

ON-LINE BUDGET REQUEST

SYSTEM USER GUIDE
FOR DIRECTORS OF FINANCE

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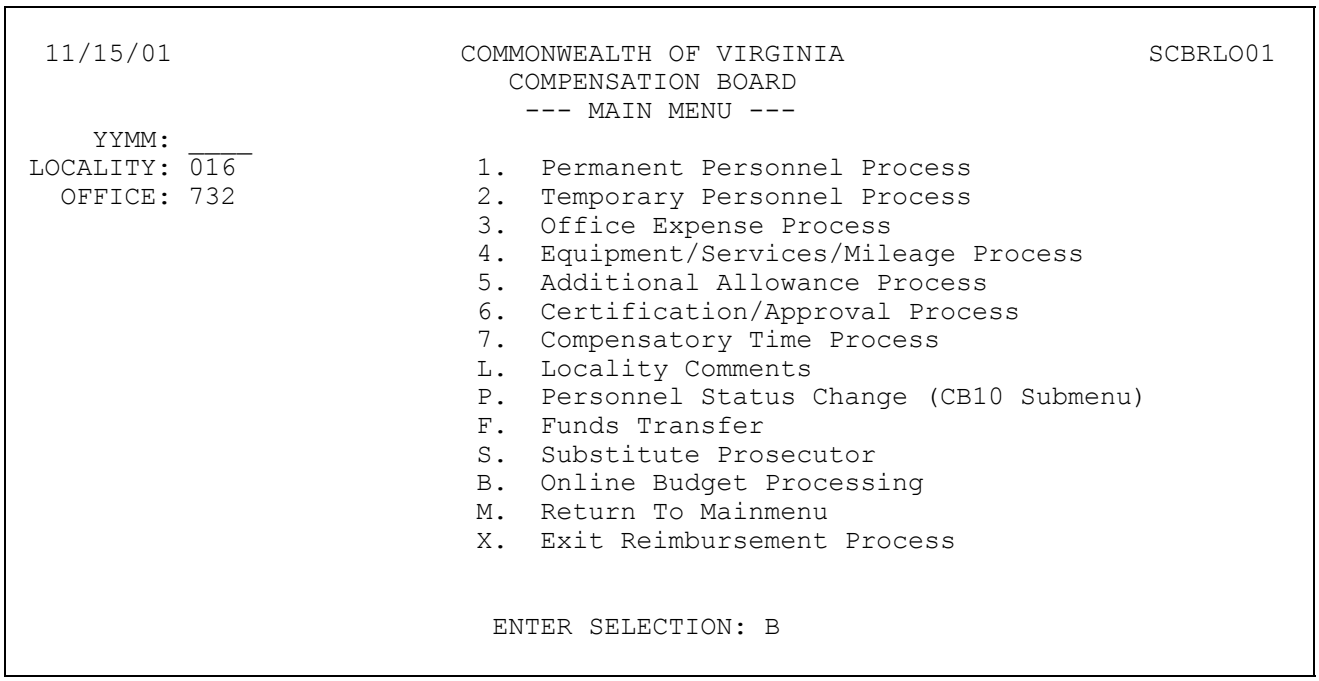


Figure 1

SNIP MAIN MENU

From the SNIP main menu, enter selection “B” to access the screens for the On-line Budget submission.

COMPENSATION BOARD MAIN MENU (SNIP)

1. "TAB" to LOCALITY:__ enter your locality's FIPS code
2. "TAB" to OFFICE:_____ : enter 732 (DIRECTORS OF FINANCE),
3. "TAB" to ENTER SELECTION:___ enter the letter B
4. Press the "ENTER" key to proceed to the next screen

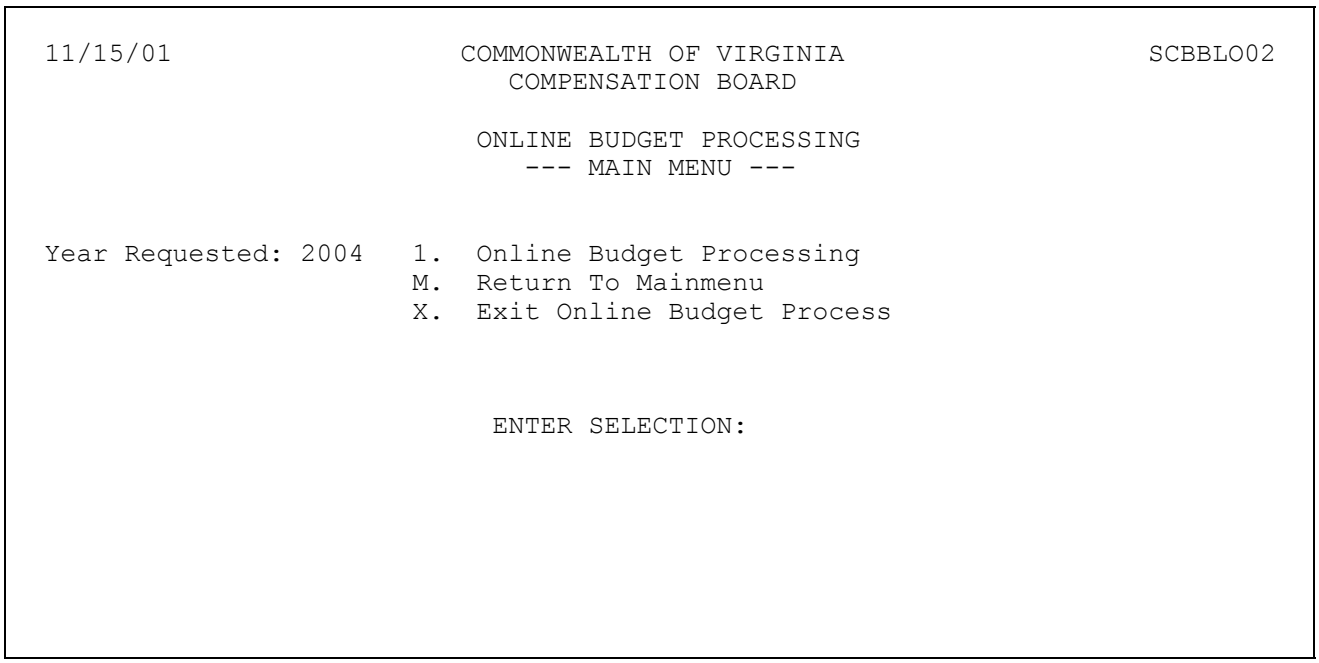


Figure 2

MAIN MENU SCREEN

Fiscal Year 2004, will be entered for you. If you wish to view infomation for prior fiscal years, simply type over the 2004 entry with the fiscal year you wish to view.

ONLINE BUDGET MAIN MENU

This screen enables access to the selected fiscal year.

1. "TAB" to ENTER SELECTION:__Type selection number '1'
2. Press the "ENTER" key to proceed to the next screen.

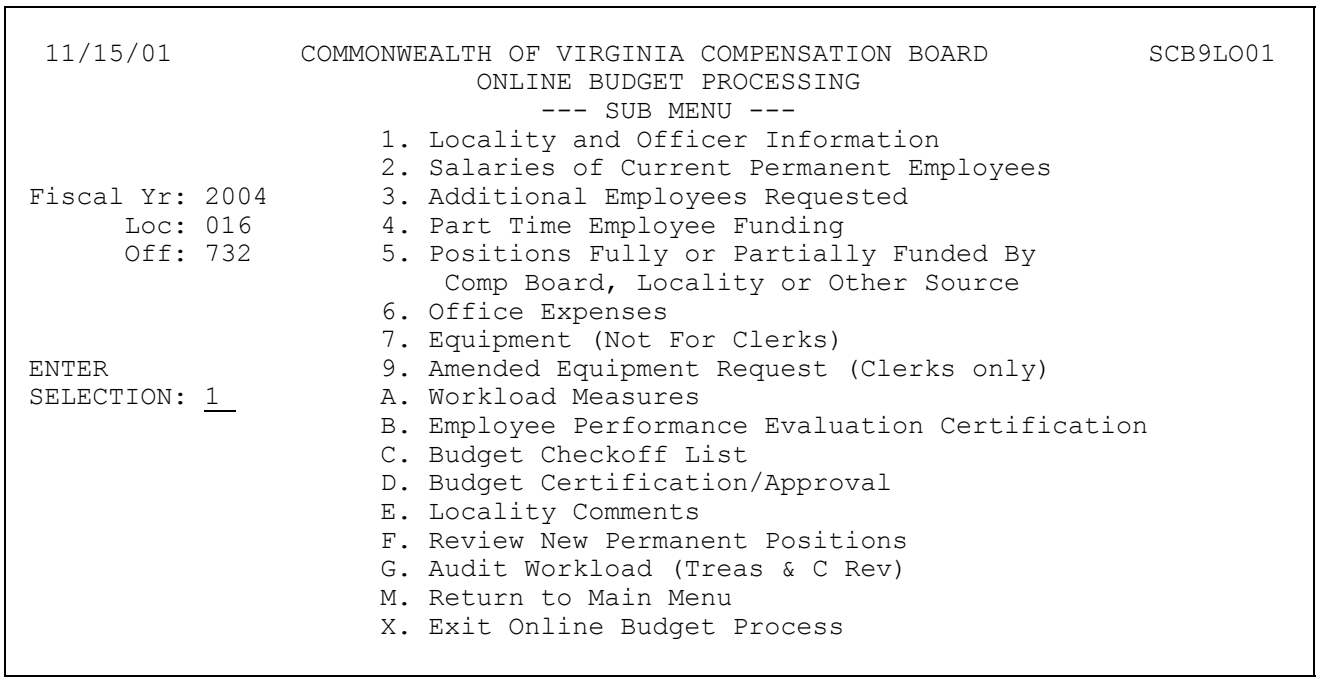


Figure 3

ONLINE BUDGET SUB MENU SCREEN

This menu provides access to all screens related to the On-line Budget system. The entry of your locality and office code will be displayed for you.. The four digit fiscal year will be carried forward from the previous screen As you use these screens you are encouraged to process them in sequence. With the completion of the last screen of each process, the depression of the enter key with the selection field blank will take you to the next process. In the Budget Certification/Approval process you will not be allowed to enter your user ID to complete your budget submission if any process that has required fields has not been completed.

ONLINE BUDGET SUB-MENU

1. FISCAL YEAR, LOCALITY and OFFICE CODE will be displayed for you.
2. ENTER SELECTION:___ Enter number '1'
3. Press the "ENTER" key to proceed to the next screen

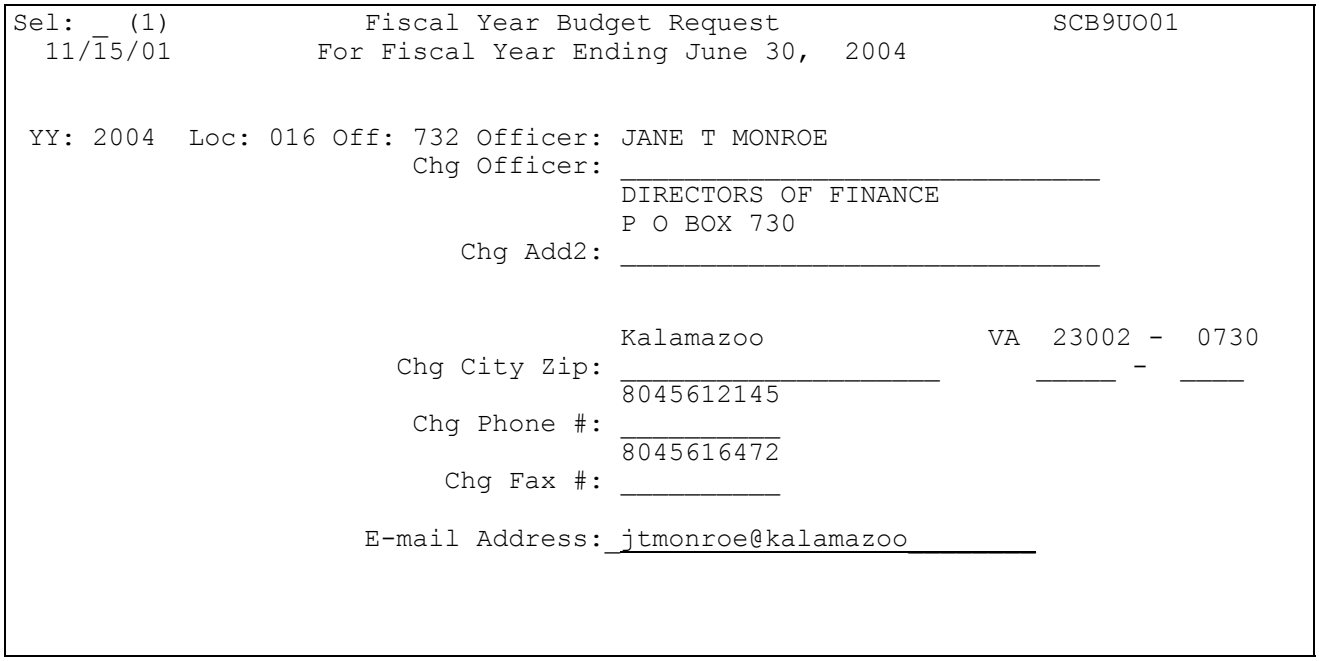


Figure 4

ADDRESS CHANGE SCREEN

This screen will be displayed when "1" is selected on the On-line Budget Menu. This screen can be used to correct information related to your office. The Officer Name, Title, Locality Name, Mailing Address, Zip Code, Telephone Number, Fax Number and email address from the current file are displayed for your review. The information is provided to allow the correction of the fields that are incorrect. For displayed information that is incorrect, correct information can be typed on the blank line immediately below each line of information. If no email address is listed because you did not have one last year, please enter an address you may have now.

ADDRESS CHANGE

1. Press the “TAB” key to move to the desired field.

2 Press the “ENTER” key, when you have corrected or completed the information requested.

3. Press the “Enter” key to proceed to the next screen, or

4. Type”M” in SEL:__ to return to the main menu.

Chg Officer:	Enter Correct Officer’s Name, if correct, press “TAB” key.
Chg Add 2:	Enter correct POB or Street Address, if correct, press “TAB” key
Chg City Zip:	Enter correct City Zip 1 & 2, if correct, press “TAB” key
Chg Phone #:	Enter Correct Phone Number, if correct, press “TAB” key
Chg Fax #:	Enter Correct Fax Number, if correct, press “Tab” key
E-mail Address:	Enter correct E-mail Address, if correct press “TAB” key

```
11/15/01                                                        SCB9UO02

 ATTENTION: CONSTITUTIONAL OFFICER

 THESE SCREENS WILL DISPLAY CONFIDENTIAL SALARY INFORMATION FOR ALL
 EMPLOYEES IN YOUR OFFICE

 ********************************************************
 *                        IMPORTANT                     *
 *  READ INSTRUCTIONS CAREFULLY BEFORE PREPARING REQUEST *
 ********************************************************



 ENTER PAGE AT WHICH TO BEGIN (IF OTHER THAN 1):   1
 **OR**
 ENTER 'T' TO GO DIRECTLY TO TOTAL PAGE: _
 **OR**
 ENTER 'M' TO RETURN TO MENU: _
 **OR**
 ENTER SSN AT WHICH TO BEGIN: _________
```

Figure 5

SCREEN- PAGE AT WHICH TO BEGIN

This is the initial screen that will be displayed when selection "2" is made on the On-line Budget Menu.

ATTENTION: CONSTITUTIONAL OFFICERS

WARNING: **These screens will display Salaries and other personal information for all employees in your office.**

1. This screen displays 4 choices. Upon initial entry into the Budget Request System we strongly recommend that you choose the first option, and begin to scroll from the default page number (1) through the entire permanent personnel.

2. Press the "TAB" key to move to the desired field.

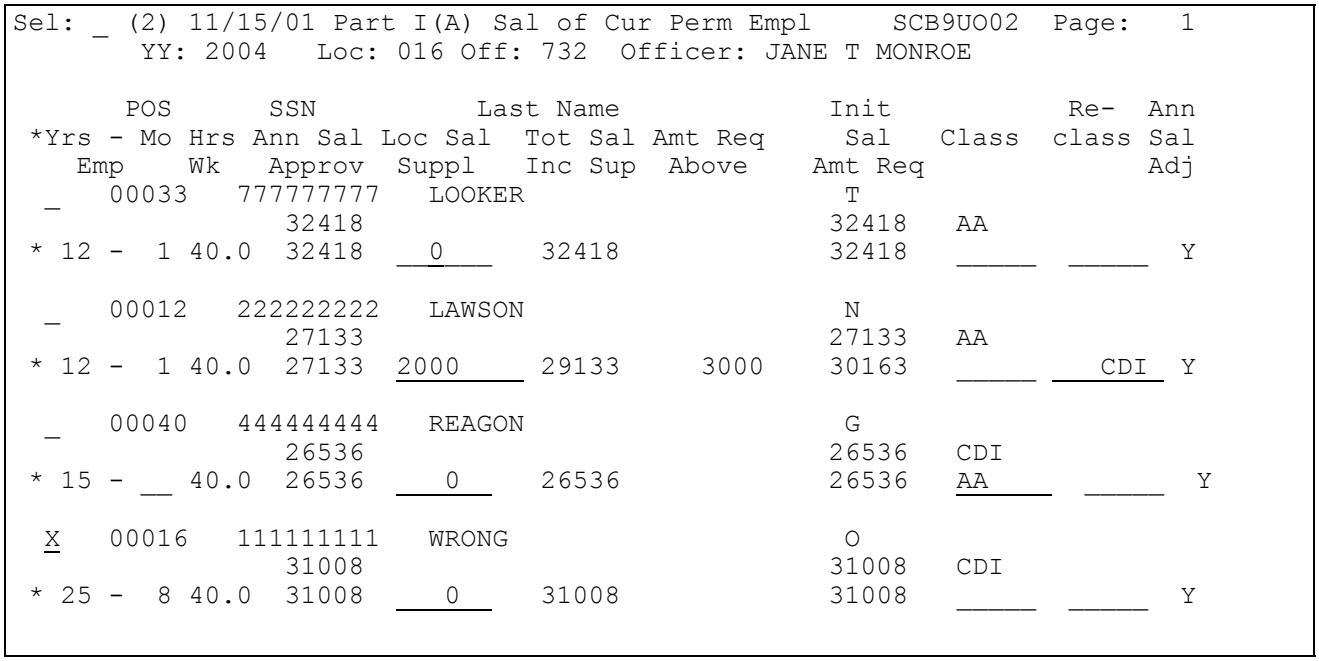
ENTER PAGE AT WHICH TO BEGIN (IF OTHER THAN 1): The default is 1, you may change the number to specify any page number, as long as it is a valid page number.

ENTER 'T' TO GO DIRECTLY TO TOTAL PAGE: Enter "T" on this line only if entering the system to check totals**.**

ENTER 'M' TO RETURN TO MENU*:* Enter "M" if you are in the Salaries of current employees section in error, or you decide not to process the section at this time.

ENTER SSN AT WHICH TO BEGIN: Enter employee's SSN here if you wish to begin the display of permanent personnel records with a selected record instead of paging through the records.

3. Press the "ENTER" key to proceed to the next screen.



```
Sel: _ (2) 11/15/01 Part I(A) Sal of Cur Perm Empl     SCB9UO02  Page:   1
        YY: 2004   Loc: 016 Off: 732  Officer: JANE T MONROE

       POS      SSN          Last Name             Init          Re-  Ann
 *Yrs - Mo Hrs Ann Sal Loc Sal  Tot Sal Amt Req     Sal   Class  class Sal
    Emp    Wk   Approv  Suppl   Inc Sup  Above    Amt Req              Adj
  _    00033   777777777   LOOKER                    T
                  32418                             32418   AA
 * 12 -  1 40.0  32418   __0___    32418            32418   _____  _____  Y

  _    00012   222222222   LAWSON                    N
                  27133                             27133   AA
 * 12 -  1 40.0  27133   2000___  29133     3000    30163   _____  __CDI_  Y

  _    00040   444444444   REAGON                    G
                  26536                             26536   CDI
 * 15 - __ 40.0  26536    __0__    26536            26536   AA____  _____  Y

  X    00016   111111111   WRONG                     O
                  31008                             31008   CDI
 * 25 -  8 40.0  31008    __0__    31008            31008   _____  _____  Y
```

Figure 6 **SCREEN PERMANANT EMPLOYEES**

This screen displays each position record for your office. There are up to four records displayed on each screen. There will be as many screens as are required to display all position records for your office. The position number, social security number, last name, initials, annual salary for the position, salary amount requested, class code, hours worked and the annual salary adjustment indicator are initially supplied for each position. For each position you must enter years/months employed (if not supplied) and the local salary supplement. You may also correct the class code, request a reclassification of the class code, and request an amount above the current salary for the position. If salary adjustments are made to the salary amount requested the system will calculate the difference from the annual salary approved and place the difference in the amount requested above field.

Tip: When the same employee remains with the same position number they had last fiscal year, the "Years Of Service" will be supplied based upon the number of years entered last year, plus 1 year. The "Hours Required To Work Per Week" will be supplied as entered last year for all positions on last year's budget request. For NEW positions, you will be required to enter both the "Years of Service" & "Hours required to work per week". Be careful, as the system will not let you proceed to the next screen until all required fields are completed.

PERSONNEL CHANGES (CB10S) PROCESSED BY THE COMPENSATION BOARD TECHNICIANS DURING THE TIME PERIOD THAT THE ONLINE BUDGET SYSTEM IS AVAILABLE TO YOUR OFFICE WILL AUTOMATICALLY UPDATE PERSONNEL AND SALARY INFORMATION TO THIS SCREEN. PLEASE BE AWARE OF ANY PENDING CB10S YOU HAVE THAT WILL BE PROCESSED DURING THIS PERIOD AND PRIOR TO THE SIGN OFF OF YOUR ONLINE BUDGET REQUEST. THE PROCESSING OF A CB10 WILL ELIMINATE ANY SALARY INCREASE AND/OR RECLASSIFICATION REQUEST PREVIOUSLY ENTERED ON THIS SCREEN FOR THE AFFECTED POSITION IF THE OFFICER HAS NOT YET SIGNED OFF ON THE COMPLETED BUDGET REQUEST. IF THE TYPE OF REQUEST ENTERED FOR THE AFFECTED POSITION PRIOR TO THE PERSONNEL CHANGE IS STILL DESIRED AFTER THE PERSONNEL CHANGE, THE REQUEST WILL NEED TO BE RE-ENTERED PRIOR TO SIGN OFF BY THE OFFICER.

PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

1. Press the "TAB" key to move to the next field of entry, or, hit the enter key and the cursor will move to the next required field.
2. Type "X" on the line next to the position number, ONLY if the supplied Social Security Number or Last Name is incorrect, or has not been updated with an approved on-line CB10. This action will take you to another screen after all information on this screen has been entered. Please turn this page to see the screen print and for instructions on entering information on the screen .
3. Press the "TAB" key to move to the next field of entry.
4. The rows and corresponding field names that are marked with an asterisk (*) identify the fields and lines in each position record that may be altered.
5. The number displayed in parentheses (2) is used to redisplay the screen for data entry without returning to the main menu, when number is entered in SEL_.

   Field 1: Yrs Worked: Enter the number of years employed in a Compensation Board full time approved position. **Supplied for employees with <u>same position number</u> as last fiscal year.**

   Field 2: Months Worked: Enter the number of months employed if less than one year, or the number of months in excess of the full year. The value entered may be 00-11. **Supplied for employees with <u>same position number</u> as last fiscal year.**

   Field 3: **Hrs Worked**: Enter the hours required to be worked per week, if hours supplied (37.5) is incorrect. **Supplied for all positions, with exception of "NEW" positions**

   Field 4: Ann Sal Approv: Enter correct salary here, if the supplied Annual Salary Approved is incorrect.

   Field 5: Loc Sal Suppl: Enter the amount the position is supplemented by the locality, enter 0 if no supplement.

   Field 6: Tot Sal Inc Sup: **This field will be calculated for you**: Compensation Board Approved Salary plus the Locality Supplement.

   Field 7: Amt Req Above: This field will be calculated for you if you change the Salary amount requested.

   Field8: Sal Amt Req: Enter here, if the salary supplied is different than the salary you desire for this employee.

   Field 9: Class: Enter **correct** Class here, if the Class supplied is incorrect.**(Not for RECLASS)**

   Field 10: ReClass: Enter here, if you are requesting a **RECLASS** for the employee currently in this position. You Must Provide A Job description for each position you are requesting to be reclassified, <u>or</u> have Delegation of Classification Authority. **(DO NOT ENTER AN ONLINE CB10 FOR THIS REQUEST)**

   Field 11: Sal Adj: Enter here, only if you do not wish the employee listed to receive an annual salary increase. Enter "N" for no.
6. After all information has been entered on the screen, press the "Enter" key.
7. Press the "Enter" key to proceed to the next screen, or
8. Type "M" in SEL: to go back to the main menu.

NOTE: The Message: " * NOT ON SCALE" will appear at the bottom of your screen if the Class and Salary Requested is not a valid class or salary. An (*) will also appear beside that position number for Compensation Board to Correct.

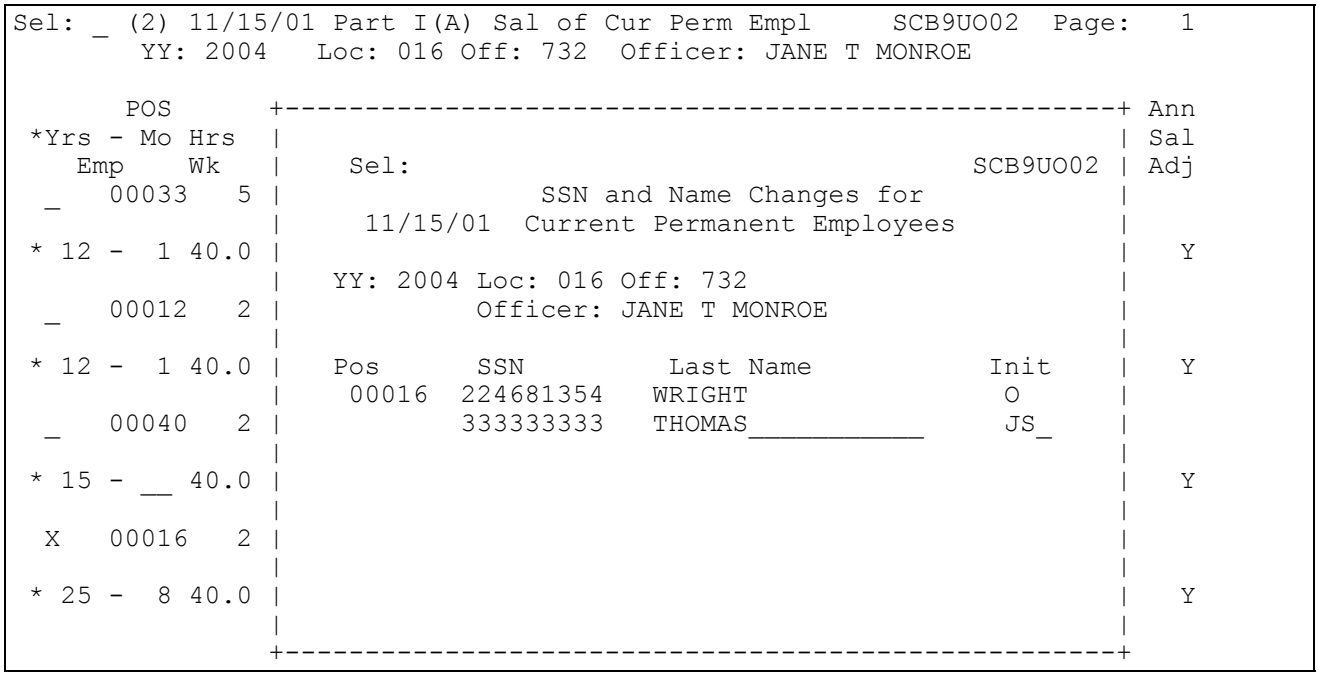


Figure 7

SOCIAL SECURITY NUMBER & NAME CHANGE SCREEN

This window within the permanent employee screen will display the position number, social security number, last name, and initials of the current employee in the selected position and allow the correction of the SSN, the last name or the initials.

Social Security Number And Name Change

1. Type "X" on the line next to the position number, .
2. Press "TAB" to "Annual Salary Approved" only if the salary is incorrect on this screen and you have an approved CB10.
3. Press the "ENTER" key
4. Press the "TAB" key to move to the next field of entry

Field 1: SSN#:	Enter the Employees' correct Social Security Number, if the supplied number is incorrect, "TAB"
Field 2: Last Name:	Enter the Employees' Last Name, "TAB"
Field 3: Init:	Enter the Employees first and middle initial.

5. Press the "Enter" key after completing requested information to return to the previous screen, (Permanent Personnel).

The CB10s will update your permanent personnel screen on the OFFICERS LINE (2ND LINE) when the pending CB10s are approved by your program technician. When entering CB10s with effective dates of January 1st - 31ST , please be sure to check your permanent personnel screens to make sure the CB10s have not affected your intended salary request for that position. Once the Officer has certified his request (signed-off). CB10s will then update the Compensation Board line (3rd Line).

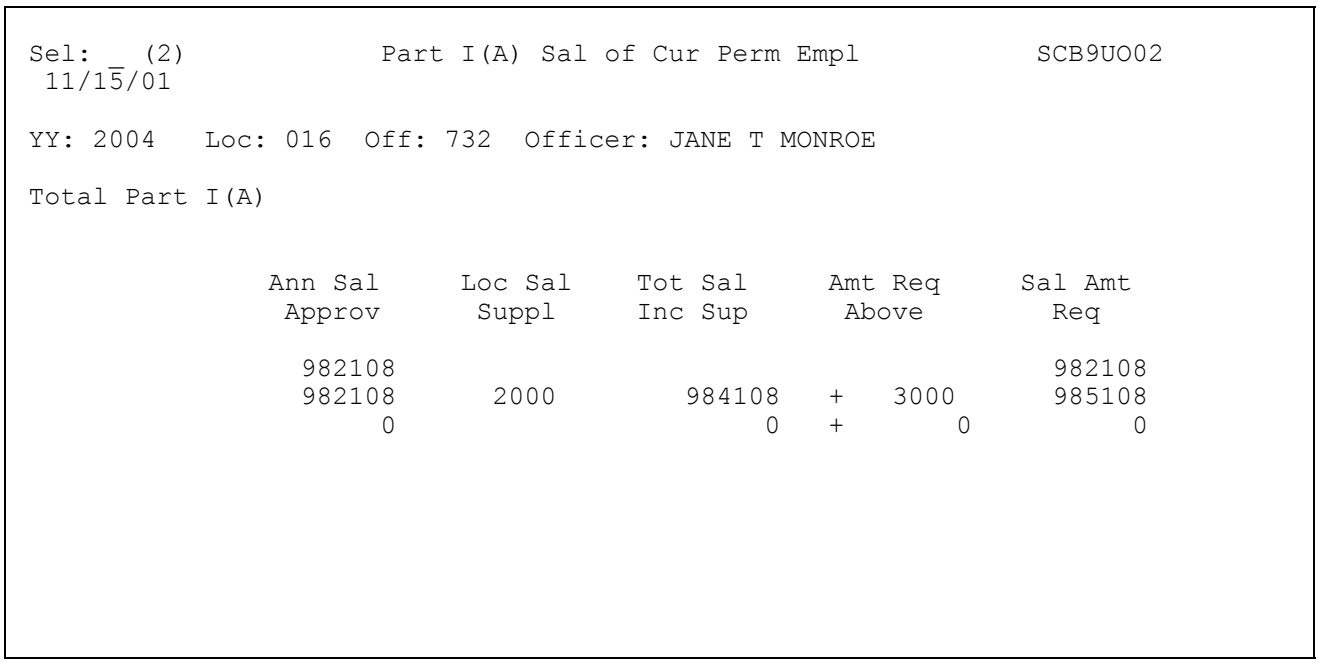


Figure 8

PERMANANT EMPLOYEES TOTAL SCREEN

The PART I (A) salary totals for the current permanent employees for your office are displayed on this screen.

PART I (A) TOTAL SALARY OF CURRENT PERMANENT EMPLOYEES

1. The 1st line of totals is supplied, based on salaries as approved December 31.

2. The 2nd line of totals is re-calculated based on changes made to the current permanent employees' salaries and amounts requested. Please check the amounts on the 2nd line, for substantial differences from the supplied information, as there may be a chance for keying errors.

3. The 3rd line of totals will reflect Compensation Board approved amounts on and after May1.

4. Press the "Enter" key to proceed to the next screen, or

5. Type "M" in SEL__: to go back to the main menu.

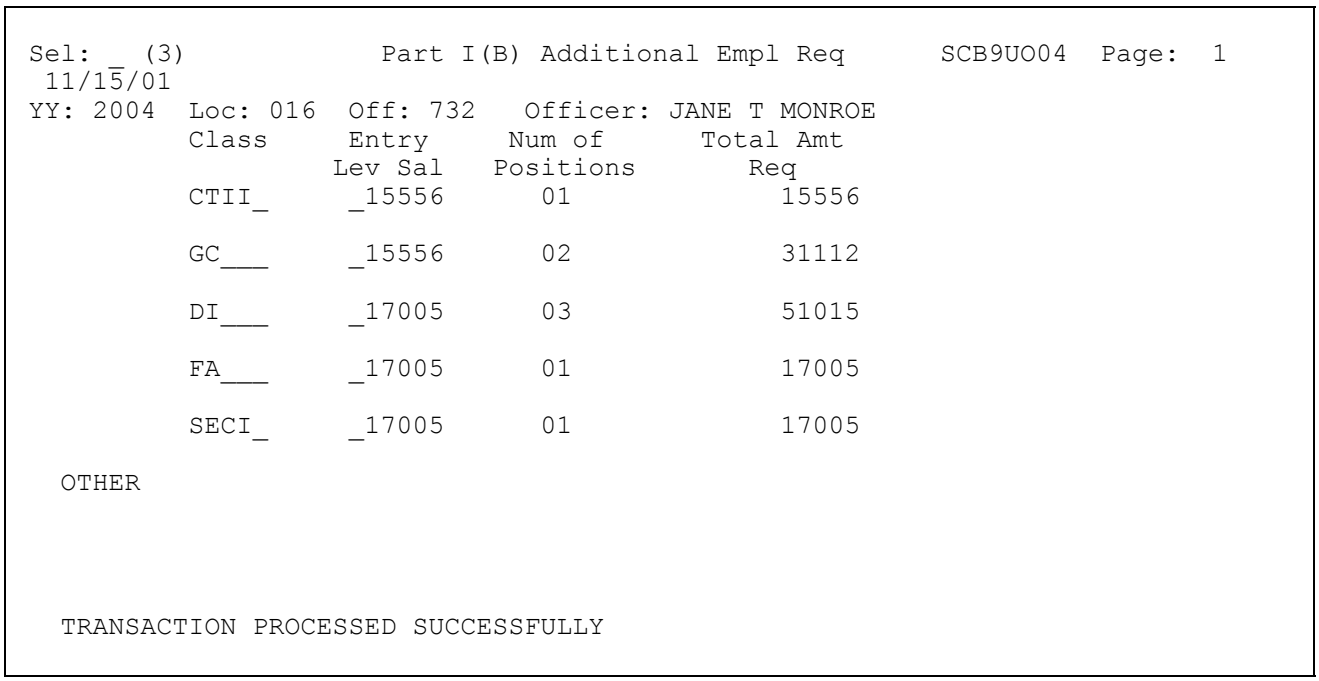


Figure 9

ADDITIONAL POSITIONS SCREEN

This screen will be displayed from the selection of "3" on the On-line Budget Menu. The screen will display predefined classes for each office along with the entry level salary for each class. You may request additional positions of a predefined class or enter a request for a class that has not been predefined for your office. If additional positions are requested, the system will calculate the total amount for each class based on the number of positions requested.

PART I (B) ADDITIONAL EMPLOYEES REQUESTED

Note: Complete this section to request additional full-time Compensation Board funded positions.

1. Press the "TAB" key to move to the next field of entry.

2. Complete this section - **These are required fields**, you must enter a '0' or the number of additional full-time Compensation Board funded positions requested.

Field 1: **Number of Positions:**	Enter '0' or the number of positions requested. "TAB" to the next field.
Field 2: Number of Positions:	Enter '0' or the number of positions requested. "TAB" to the next field.
Field 3: Number of Positions:	Enter '0' or the number of positions requested. "TAB" to the next field.
Field 4: Number of Positions:	Enter '0' or the number of positions requested. "TAB" to the next field.
Field 5: Number of Positions:	Enter '0' or the number of positions requested. "TAB" to the next field.
Field 6: Class:	Enter the Name of Class requested, if other than the classes listed above, or leave blank and "TAB" to the next field.
Field 7: Entry Lev Sal:	Enter Salary requested or leave blank if no CLASS request was entered in the previous field
Field 8: Number of Positions:	Enter number of positions requested or leave blank if no CLASS request was made.
Field 9: Class:	Enter the Name of Class requested, if other than the classes listed above, or leave blank and "TAB" to the next field
Field 10: Entry Lev Sal:	Enter Salary requested or leave blank if no CLASS request was made in the previous field
Field 11: Number of Positions:	Enter number of positions requested or leave blank if no CLASS request was made.

3. Press the "Enter" key after completing the information requested.
4. Press the "Enter" key to proceed to the next screen, or
5. Type "M" in SEL: to go back to the main menu.

NOTE: The Compensation Board approved workload based staffing standards as recommended by the Treasurers and Commissioners of the Revenue Association of Virginia. Any new positions approved by the General Assembly or any reallocated positions will be allocated by the Compensation Board in FY04, as they were in FY03, based upon the request of the Directors Of Finance and in accordance with the Compensation Board's staffing standards. Please see the Compensation Board Operating Manual for Compensation Board criteria for allocating new positions.

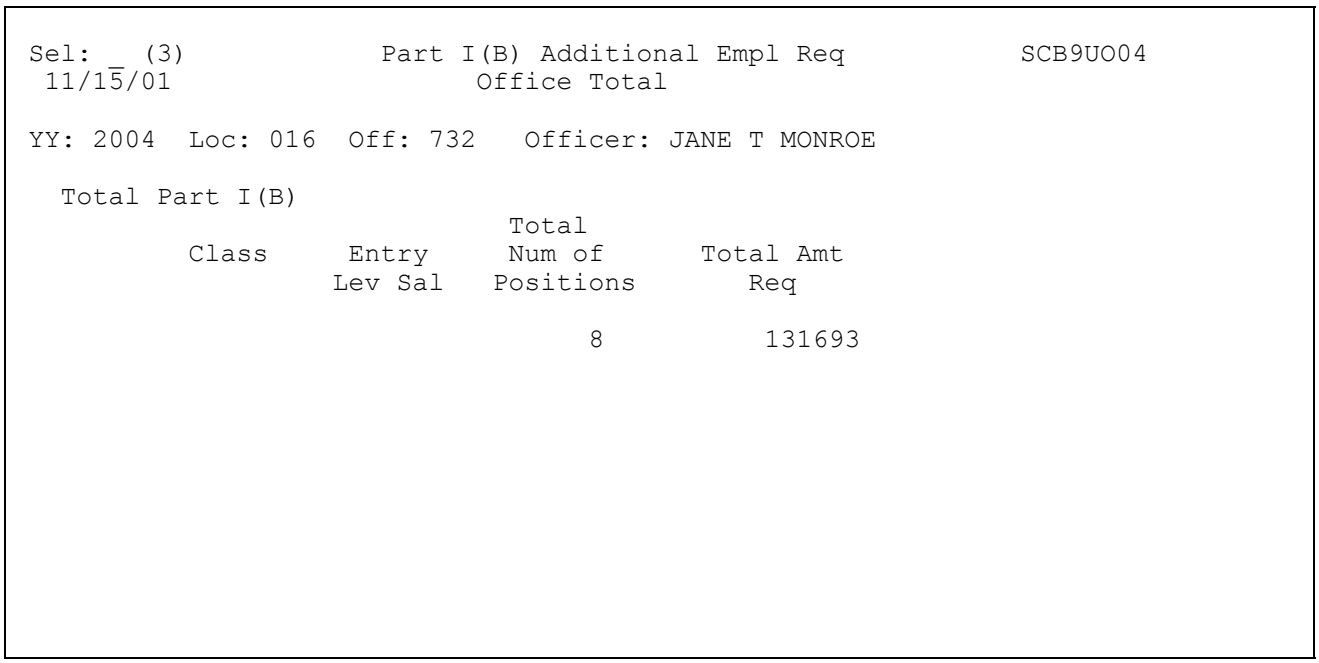


Figure 10

TOTAL ADDITIONAL EMPLOYEES SCREEN

This screen will display the total number and total salaries of additional positions requested

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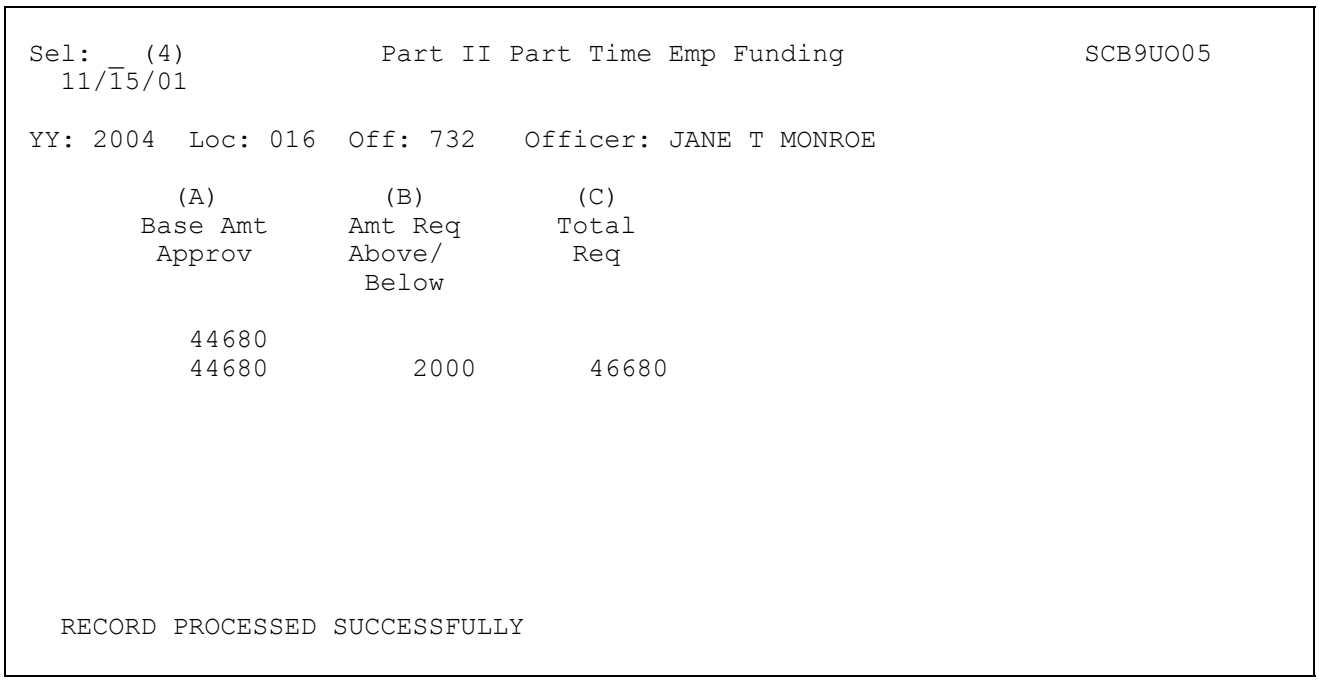

Figure 11

PART-TIME EMPLOYEES SCREEN

This is the initial screen that will be displayed when selection "4" is made on the On-line Budget Menu. The budgeted amount for the prior fiscal year for part time employee funding is displayed in Column (A). You must enter a request for either an additional amount, a reduced amount or no change in the amount from the prior year. If additional or reduced funding is requested the system will recalculate the total amount requested.

PART II. PART-TIME EMPLOYEE FUNDING

The "Base Amount Approved for the Current Fiscal Year" has been supplied, please check this amount to your Original July 1 Approved Budget to make sure that transfers aproved during the current year are not included in this figure, unless the approved Compensation Board transfer letter states that this a <u>BASE BUDGET ADJUSTMENT.</u>

1. Complete this section - **These are required fields**.
2. Press the "TAB" key to go to the next field of entry.

Field 1: Base Amt Approved:	Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board Action .
Field 2: Amt Req Above/Below:	Enter '0' , the additional amount or a lesser amount. For the lesser amount enter (-) in front the amount.
Field 3: Total Req:	This field will be calculated for you.

3. Press the "Enter" key after completing the information requested.
4. Press the "Enter" key to proceed to the next screen, or
5. Type "M" in SEL: to go back to the main menu.

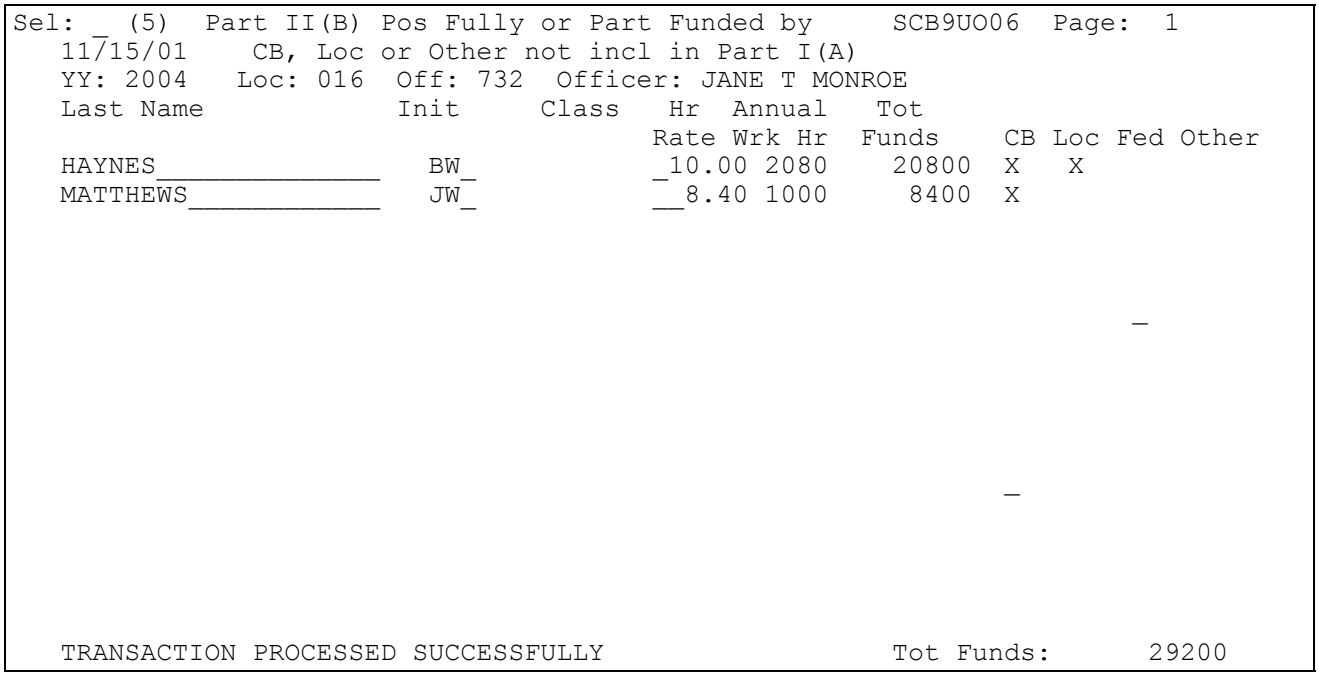

Figure 12

POSITIONS FULLY OR PARTIALLY FUNDED SCREEN

This is the initial screen that will be displayed when selection "5" is made on the On-line Budget Menu. This screen should be used to enter salary information of positions fully or partially funded by the Compensation Board, the Locality or other sources. This does not include positions identified as current permanent employees in Part I (A) which may be supplemented by another source. For each temporary employee for whom reimbursement will be requested from CB approved part time funding, you must provide the last name, the initials, the class, the hourly rate, the planned number of hours to be reimbursed for the fiscal year and the source(s) of funding for the personnel. Upon entry of the required fields, the system will calculate the fund amount for each person and the total funds for your office.

PART II (B) POSITIONS FULLY OR PARTIALLY FUNDED BY CB, LOC OR OTHER NOT INCLUDED IN PART I(A)

Complete this section - Do not include employees listed in Part I (A) Salaries of Permanent Employees. These fields are not required unless a name is entered in field 1. Therefore, **do not type** "NONE" if you do not have an employee of this type. If you enter a last name, you must also enter all of the information for that record.

1. If you enter Last Name (Field1), you must also enter a value in fields 2-5 and enter an "X" in at least one of fund source fields (7, 8, 9 or 10). You may enter an "X" in as many of the fields as are applicable for that record.
2. To delete an existing line from this screen, BLANK all the fields in which you have made an entry
3. Press the "TAB" key to go to the next field of entry.

Field 1: Last Name:	Enter the employee's last name; if the last name is unknown, type "UNKNOWN" in this field.
Field 2: Init:	Enter the employee's first & middle initials.
Field 3: Class:	Enter the employee's class.
Field 4: Hr Rate:	Enter the employee's hourly rate.
Field 5: Annual Wrk Hr:	Enter the total number of hours worked **annually**.
Field 6: Tot Funds:	**This field will be calculated for you**
Field 7: CB:	Enter "X", if employee is partially or fully funded by the Compensation Board from Part-time funds.
Field 8: Loc:	Enter "X", if employee is partially or fully funded by the Locality.
Field 9: Fed:	Enter "X", if employee is partially or fully Federally funded.
Field 10: Other:	Enter "X", if employee is partially or fully funded by other sources.

4. Press the "Tab" key to go to Field 1 on the next line to list additional employees, or
5. Press the "Enter" key after completing the information requested.
6. Press the "Enter" key again to proceed to the next screen, or
7. Type "M" in SEL: to return to the Main Menu.

```
Sel: _ (6)            Part III Office Expenses                        SCB9UO07
   11/15/01         Treasurer, Director of Finance or
                         Commissioner of Revenue
 YY: 2004 Loc: 016   Off: 732   Officer: JANE T MONROE

 Tax Tickets, State and Local Taxes
 Stationery, Office Supplies, Printing (Forms and Letters)
 Advertising-Newspapers, Handbills, ETC.
 (Do not Include Advance lists for Delinquent Taxes)
 Postage/Box Rental (Include Postage Meter Rental Under Part IV)
 Telephone (Tax Excluded), DP Local & IN-House
 Repairs to Office Furniture and Equipment
 Other Necessary Expenses Including Assoc. Dues


                                          (A)     +    (B)    =    (C)
                                       Base Amt      Amt Req      Total
                                        Approv       Above/        Req
                                                      Below
   Total Office Expenses (Part III(A))     8050
                                           8050          1000        9050

   RECORD PROCESSED SUCCESSFULLY
```

Figure 13

OFFICE EXPENSE SCREEN

This is the initial screen that will be displayed when selection "6" is made on the On-line Budget Menu for your office. The total office expenses for the prior year will be displayed. You must enter a request to increase, decrease or retain the same amount as the base amount approved by entering an amount in the "amount requested above/below approved" field. The system will recalculate the office total based on the amount entered.

PART III. OFFICE EXPENSES

The amount requested above/below is a required field. Participation of the Compensation Board in Office Expenses is limited to certain items as provided by the Code of Virginia (1950), as amended. Any additions or transfers made during the current fiscal year may be included in the supplied figures. Please check the supplied amount to your original Compensation Board approved Budget, and approval letters affecting the base budget.

1. Complete this section - These are required fields.

2. Press the "TAB" key to go to the next field of entry.

Field 1: Base Amt. Approved:	Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board action.
Field 2: Amt Req Above/Below Approved:	Enter '0', an additional amount or a lesser amount. For a lesser amount enter (-) in front of the amount.
Field 3: Total Request:	**This field will be calculated for you.**

3. Press the "Enter" key after completing the information requested.

4. Press the "Enter" key again to proceed to the next screen, or

5. Type "M" in SEL to return to the main menu.

```
Sel: _ (7)  Part IV Equipment   DATA PROCESSING          SCB9UO08  Page:  1
  11/15/01   YY: 2004   Loc: 016  Off: 732  Officer: JANE T MONROE
  Category: A
 *Unit Cst   N Qty    N Tot Cost  R Qty   R Tot Cost  Tot Qty   Tot Cost
   FILE SERVER
 * __50000     __                   _1      50000          1       50000

   MODEM
 * ____150     _1         150       __                     1         150

   PERSONAL COMPUTER
 * ___3000     _1        3000       __                     1        3000

   PRINTER
 * ____500     __                   _1        500          1         500

   SCANNER
 * ___2000     _1        2000       __                     1        2000

   DATA PROCESS EQUIP
 * ___2000     _1        2000       __                     1        2000

   RECORD SUCCESSFULLY UPDATED               DO YOU WANT 2ND SCREEN?    Y
```

Figure 14

Figure 15

```
Sel: _ (7)  Part IV Equipment   DATA PROCESSING          SCB9UO08  Page:  2
 11/15/01   YY: 2004   Loc: 016  Off: 732  Officer: JANE T MONROE
 Category: A
*Unit Cst   N Qty    N Tot Cost  R Qty   R Tot Cost  Tot Qty   Tot Cost
  DATA PRO EQUIP
* ___3000     _1        3000       __                     1        3000


* _______     __                   __


* _______     __                   __


* _______     __                   __

  RECORD SUCCESSFULLY UPDATED
```

CATEGORY A

These screens will be displayed when selection “7” is made on the On-line Budget Menu. These screens allow the entry to request data processing equipment items along with the unit cost and quantity. The system will calculate the total amount for each item and the total amount for all items for your office.

PART IV. EQUIPMENT
Data Processing - Category A

1. Complete this section for the data processing equipment, press enter if you are not making a request for prelisted equipment.

2. Please refer to your Compensation Board Operating Manual, Appendix 1, for minimum specifications for reimbursement of personal computers.

3. "TAB" to the asterisks (*) line of the desired pre-listed equipment .

   Field 1: Equip: Pre-listed, not accessible

   Field 2: Unit Cost: Enter unit cost of the equipment requested.

   Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

   Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

4. Press the "Enter" key after entering all requested pre-listed data processing equipment.

5. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

   Second Screen:

   Field 1: Equip: Enter the type of equipment requested if not on the pre-listed screen (example: disk drive, memory upgrade, etc.)

   Field 2: Unit Cost: Enter unit cost of the equipment requested.

   Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

   Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

6. Press the "Enter" key after entering requested information.
7. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
8. Press the "Enter" key again to proceed to the next process, or
9. Type "M" in the select field to return to the menu.

NOTE: The Compensation Board may require justification for these items upon review of your budget request.

```
Sel: _ (7)  Part IV Equipment   OFFICE EQUIPMENT         SCB9UO08  Page:  1
 11/15/01   YY: 2004   Loc: 016  Off: 732  Officer: JANE T MONROE
 Category: B
*Unit Cst   N Qty    N Tot Cost  R Qty   R Tot Cost  Tot Qty   Tot Cost
  CALCULATOR
* ____100     _1         100       __                    1         100

  COPIER
* ___5000     _1        5000       __                    1        5000

  FAX MACHINE
* ____900     _1         900       __                    1         900

  MAIL MACHINE
* ________     __                   __

  POSTAGE SCALE
* ________     __                   __

  SHREDDER
* ________     __                   __

  RECORD SUCCESSFULLY UPDATED              MORE DATA... PRESS ENTER   Y
```

Figure 16

Figure 17

CATEGORY B

```
Sel: _ (7)  Part IV Equipment   OFFICE EQUIPMENT         SCB9UO08  Page:  2
 11/15/01   YY: 2004   Loc: 016  Off: 732  Officer: JANE T MONROE
 Category: B
*Unit Cst   N Qty    N Tot Cost  R Qty   R Tot Cost  Tot Qty   Tot Cost
  OFFICE EQUIP
* ____500     _1         500       __                    1         500


* ________     __                   __



* ________     __                   __

  RECORD SUCCESSFULLY UPDATED
```

These screens may be used for the request of office equipment. These screens allow the entry to request office equipment items along with the unit cost and quantity. The system will calculate the amount of each item and the total amount for all items for your office.

PART IV. EQUIPMENT
Office Equipment - Category B

1. Complete this section for Office Equipment, press enter if you are not making a request for prelisted equipment.
2. "TAB" to the asterisks (*) line of the desired pre-listed equipment

   Field 1: Equip: Pre-listed, not accessible.

   Field 2: Unit Cost: Enter unit cost of the equipment requested.

   Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

   Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

3. Press the "Enter" key after entering all requested pre-listed office equipment.
4. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

   Second Screen:

   Field 1: Equip: Enter the name of the type of equipment requested if not on the pre-listed screen (example: adding machine, etc.)

   Field 2: Unit Cost: Enter unit cost of the equipment requested.

   Field 3: N Qty: Enter the quantity here if this is NEW equipment that you do not presently have.

   Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

5. Press the "Enter" key after entering requested information.
6. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
7. Press the "enter" key again to proceed to the next process, or
8. Type "M" in the select field to return to the menu.

NOTE: The Compensation Board may require justification for these items upon review of your budget request.

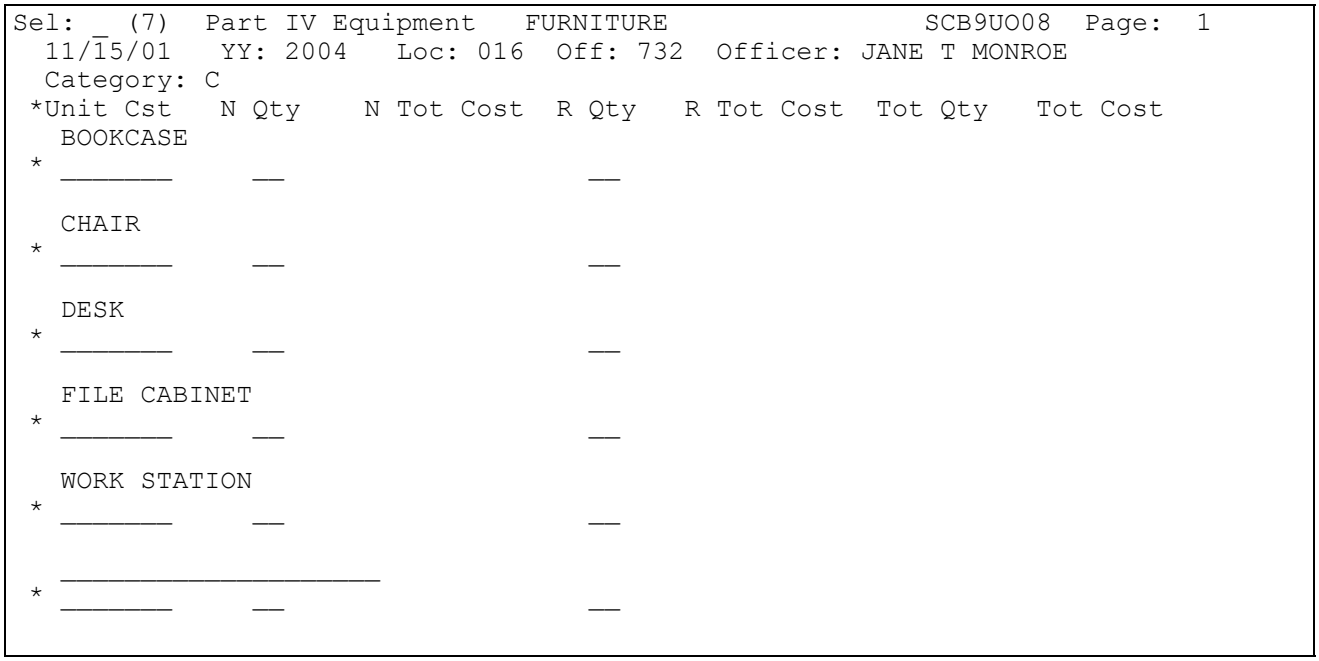

Figure 18

CATEGORY C

These screens may be used to request funding for furniture.

PART IV. EQUIPMENT
Furniture - Category C

3. Complete this section for Furniture, press enter if you are not making a request for prelisted furniture.

4. "TAB" to the asterisks (*) line of the desired pre-listed furniture

   Field 1: Equip: Pre-listed, not accessible.

   Field 2: Unit Cost: Enter unit cost of the furniture requested.

   Field 3: N Qty: Enter the quantity here if this is NEW furniture that you do not presently have.

   Field 4: R Qty: Enter the quantity here, if you are requesting REPLACEMENT of existing furniture.

5. Press the "Enter" key after entering all requested pre-listed furniture.

6. Press the "Enter" key after entering requested information.

7. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.

8. Press the "Enter" key again to proceed to the next process, or

9. Type "M" in the select field to return to the menu.

NOTE: The Compensation Board may require justification for these items upon review of your budget request.

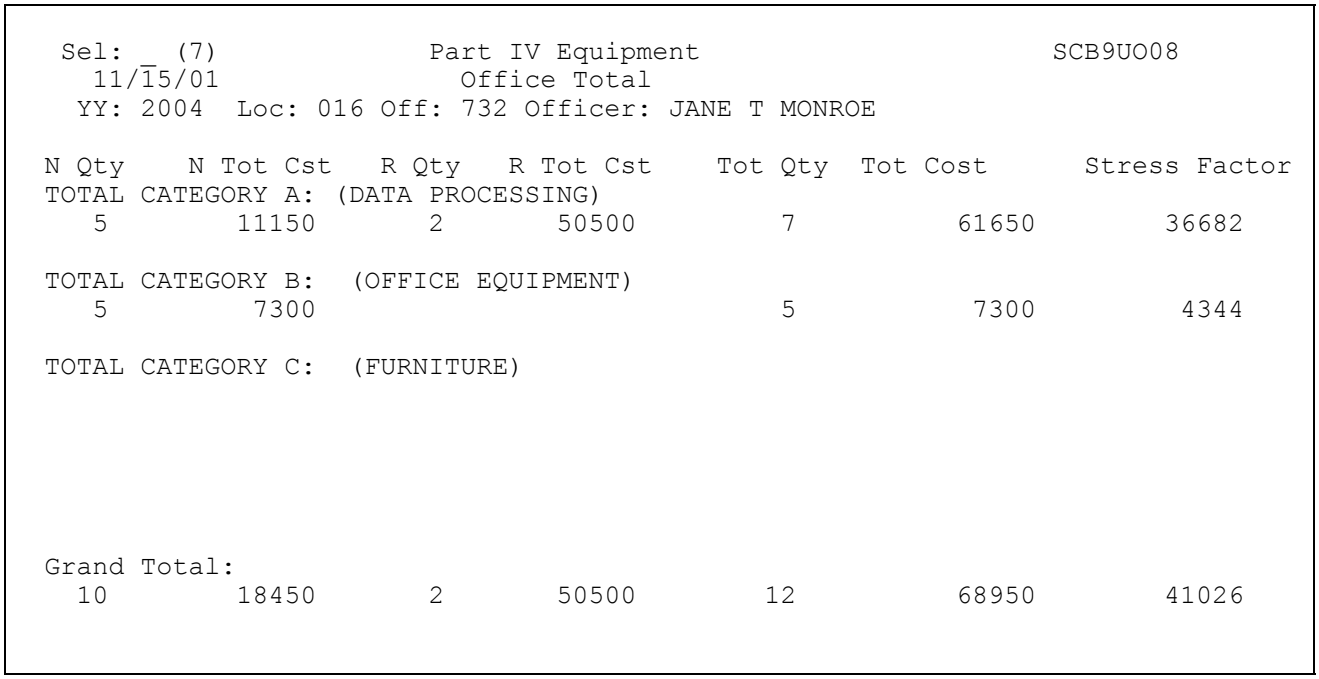

Figure 19

TOTAL EQUIPMENT SCREEN

This screen will be displayed if you depress the enter key after processing the other equipment screens when the select field is blank. The totals for each category of equipment funding will be displayed as well as the total for the office for all categories and the stressed totals for the office for all categories. Your office will have equipment Categories A, B and C.

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```
Sel: _ (A)         Part V Workload Measures                          SCB9US15
  11/15/01            Directors of Finance
  YY: 2004   Loc: 016   Off: 732   Officer: JANE T MONROE

REAL ESTATE TAX AND PERSONAL PROPERTY TAX:      CY99    CY00    CY01      AVG
1A. Taxable Land Parcels                       55848   56257   55555     55887
1B. Land Parcels Maintained for Mortgage Cos   28008   28809   22222  *  39520
2.  Real Estate Taxes Billed per Yr       2
    Due Dates Real Estate Taxes  _512  1201
3.  Real Estate Transfers                       4121    4963    4444     4509
4.  Real Estate Parcels in Relief                308     283     222  *   271
5.  Real Estate Parcels in Land Use                0       0       0        0
6.  Refer Local Escheator? (Y/N)          N
    If Yes, How many Parcels?                      0       0       0        0
7.  Personal Property in Relief                    0       0       0        0
8.  Personal Property Items                   172803  180000    1111  * 117971
9.  Vehicle Bill Type
    (Single/Combnd)                    SINGLE
10. Personal Property Billed per Yr       2
    Due Dates Personal Property   _512  1201
                                  ____  ____
11. Personal Property Prorated? (Y/N)     Y
 TRANSACTION SUCCESSFULLY PROCESSED              * Variance Greater than 15%
```

Figure 20

WORKLOAD MEASURES

This screen will be displayed when "A" is selected on the On-line Budget Menu or when the enter key is depressed on the Equipment screen and the select field is blank. This screen must be processed and an amount entered for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

PART V. TREASURER-BASED WORKLOAD MEASURES

Please provide requested information in accordance with 15.2-1636.7, Code of Virginia (1950 as amended). Information requested is based **on the most recent calendar year**.

1. Press the "TAB" key to go to the first field of entry. **These are required fields**.
2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter '0', and "TAB" to the next field.(Do Not Leave Blanks or the system will not let you proceed to the next screen)
3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.
4. Press the "ENTER" key after entering the information requested.
5. Press the "ENTER" key again to proceed to the next category or,
6. Type "M" in SEL: (at the top of the screen) to return to the main menu.

TREASURER-BASED WORKLOAD DEFINITIONS (page 1)

REAL ESTATE TAX:

1a. NUMBER OF TAXABLE PARCELS: If your office handles the collection of real estate, enter the total number of parcels of taxable real estate. INCLUDE regular book, supplements and roll back assessments on land use. DO NOT multiply this figure by any factor if you prorate or bill more than one a year. If you office DOES NOT handle the collection of real estate ENTER 0.

1b. NUMBER OF PARCELS MAINTAINED FOR MORTGAGE COMPANIES: If your office handles the collection of real estate, enter the total number of parcels that you maintain for mortgage companies. This includes the accounts that are maintained on the computer and processed by tape and those that are manually processed for the mortgage companies.

2a. NUMBER OF TIMES REAL ESTATE TAXES WERE BILLED PER YEAR: Enter the number of times that you bill real estate taxes (Example: If your due dates were June 5 and December 5, the answer is 2).

2b. DUE DATES FOR REAL ESTATE: Enter the due dates for your real estate taxes.

3. NUMBER OF REAL ESTATE TRANSFERS: If your office handles the collection of real estate, enter the number of parcels transferred for the year. If your office DOES NOT handle the collection of real estate ENTER 0.

4. NUMBER OF REAL ESTATE PARCELS IN RELIEF TO THE ELDERLY/DISABLED PROGRAM: If your office handles the collection of real estate, enter the total number of parcels with a tax adjustment due to participation in the elderly/disabled program. DO NOT multiply this figure by any factor if you prorate or bill more than once a year. If your office DOES NOT handle the collection of real estate ENTER 0.

5. NUMBER OF PARCELS IN LAND USE PROGRAM: If your office handles the collection of real estate, enter the total number of parcels with a tax adjustment due to participation in the land use program. DO NOT multiply this figure by any factor if you prorate or bill more than once a year. If your office DOES NOT handle the collection of real estate ENTER 0.

6a. DID YOUR LOCALITY REFER REAL ESTATE PARCELS TO THE LOCAL ESCHEATOR? Type "Y" for YES or "N" for NO.

6b. **IF YES, ENTER TOTAL NUMBER OF PARCELS REFERRED TO THE ESCHEATOR DURING THE YEAR.PERSONAL PROPERTY:**

7. **NUMBER OF PERSONAL PROPERTY ITEMS IN RELIEF TO THE ELDERLY/DISABLED PROGRAM:** If your office handles the collection of personal property, enter the total number of personal property items with a tax adjustment due to participation in the elderly/disabled program. DO NOT multiply this figure by any factor if you prorate or bill more than once a year. If your office DOES NOT handle the collection of personal property, ENTER 0.

8. **NUMBER OF ITEMS ON WHICH PERSONAL PROPERTY TAX IS ASSESSED EACH YEAR:** If your office handles the collection of personal property, include the total number of items of personal property assessed. Count each separate motor vehicle, trailer, boat and motor, camper, travel trailer, aircraft, mobile home and each assessment of machinery and tools, business personal property, and farm accounts that are assessed. Each item is a separate count. (If you bill on a combined bill you may have to verify this number with your Commissioner of the Revenue – This should equal the total of factors #4, #5, and #6 on the workload study for the Commissioner) INCLUDE regular assessments as determined above for the year and all supplemental assessments. DO NOT multiply this figure by any factor if you prorate or bill more than once a year. If your office DOES NOT handle the collection of personal property, ENTER 0.

9. DO YOU SEND A SINGLE BILL FOR EACH VEHICLE OR COMBINED BILL(S) ON ALL VEHICLES FOR REGISTERED OWNERS? Type in SINGLE or COMBINED.

10a. NUMBER OF TIMES PERSONAL PROPERTY TAXES IS BILLED PER YEAR: Enter the number of times that you bill personal property taxes (Example: If your due dates were June 5 and December 5, the answer is 2.

10b. **DUE DATES FOR PERSONAL PROPERTY:** Enter the due dates for your personal property taxes.

11. DOES YOUR LOCALITY PRORATE PERSONAL PROPERTY? Type "Y" for YES or "N" for NO.

```
Sel: _ (A)            Part V Workload Measures                      SCB9US15
   11/15/01             Directors of Finance
    YY: 2004  Loc: 016   Off: 732   Officer: JANE T MONROE

 COLLECTION ACTIONS, VEHICLE LICENSES AND STATE INCOME TAX:
 12. Enforcement Actions                          CY99    CY00    CY01       AVG
     Debt Set-off Accts                          41737   34111   33333     36394
     Warrants Issued                              2028    2126    2222      2125
     Parcels in Judicial Sales                       0       0       0         0
     Tax Liens 3952                               9420    7160    7777      8119
     Treasurer Summons                             276     267     222 *     255
     Distress Warrants                             321     433     444       399
     Delinquent Notices                          117919   60817   66666     81801
     Other Collection Actions                    128975   69522   66666     88388
 13. Vehicle Lic Sold                            150000  150000  150000    150000
 14. State Income Tax Memoranda                       0       0       0         0
     Number times Delinquent State
     Income Tax Billed per Yr              1
     Collection Actions Initiated                    0       0       0         0
 15. Estimated Tax Accounts                        131       0      80        70
     Reminder notices sent? (Y/N)      N
 16. Estimated Tax Payments                        277     223     222       241
  TRANSACTION SUCCESSFULLY PROCESSED         * Variance Greater than 15%
```

Figure 21

WORKLOAD MEASURES (SECOND SCREEN)

This screen will be displayed when after the completion of the 1st screen of workload factors when the enter key is pressed and the SEL field is blank. This screen must be processed and an amount entered for the each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

PART V. TREASURER-BASED WORKLOAD MEASURES (second screen)

Please provide requested information in accordance with 15.2-1636.7, Code of Virginia (1950 as amended). Information requested is based on **the most recent calendar year**.

1. Press the "TAB" key to go to the first field of entry. **These are required fields**.

2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter '0', and "TAB" to the next field.(Do Not Leave Blanks or the system will not let you proceed to the next screen)

3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.

4. Press the "ENTER" key after entering the information requested.

5. Press the "ENTER" key again to proceed to the next category or,

6. Type "M" in SEL: (at the top of the screen) to return to the main menu.

TREASURER-BASED WORKLOAD DEFINITIONS (Page 2)

COLLECTION ACTIONS:

12. ENFORCEMENT ACTIONS INITIATED FOR DELINQUENT ACCOUNTS:

a. Enter number of accounts in debt set off program based on number of claims filed during the year.

b. Enter number of warrants issued during the year.

c. Enter number of parcels in judicial sale proceedings for the year.

d. Enter number of 3952 tax liens issued during the year.

e. Enter number of Treasurer's summons issued during the year.

f. Enter number of distress warrants issued during the year.

g. Enter total of delinquent notices for real estate and personal property sent during the year.

h. Enter total of other collection actions taken during the year and describe these actions in space provided.

VEHICLE LICENSE:

13. NUMBER OF VEHICLE LICENSES SOLD: Enter total number of licenses issued during the year. INCLUDE transfers and licenses issued without charge.

STATE INCOME TAX:

14a. NUMBER OF STATE INCOME TAX MEMORANDA RECEIVED/PROCESSED: Enter the number of state income tax memoranda received and processed from the Commissioner of Revenue during the year. INCLUDE those that are paid in full and those with a balance due.

14b. NUMBER OF TIMES YOU BILL DELINQUENT STATE INCOME TAX: Enter the number of times that you bill your accounts with delinquent state income taxes.

14c. NUMBER OF COLLECTION ACTIONS INITIATED AGAINST STATE INCOME TAX ACCOUNTS: Enter the total of all collection actions initiated against state income tax accounts. Include warrants issued, tax liens, and all delinquent notices sent for outstanding state income taxes.

15a. NUMBER OF ACCOUNTS MAINTAINED ON ESTIMATED STATE INCOME TAX RETURNS: Enter the total number of accounts maintained on estimated state income tax returns. Include both filed with the Commissioner of the Revenue and accounts not filed.

15b. DO YOU SEND REMINDER NOTICES ON ESTIMATED STATE INCOME TAX? Type "Y" for YES or "N" for NO.

16. NUMBER OF ESTIMATED STATE INCOME TAX PAYMENTS COLLECTED: Enter the total number of payments received in your office during the year. In theory, 4 payments should be collected on each assessment received from the Commissioner of the Revenue that you maintain. Also include the total of payments received on accounts not filed with the Commissioner but processed by your office.

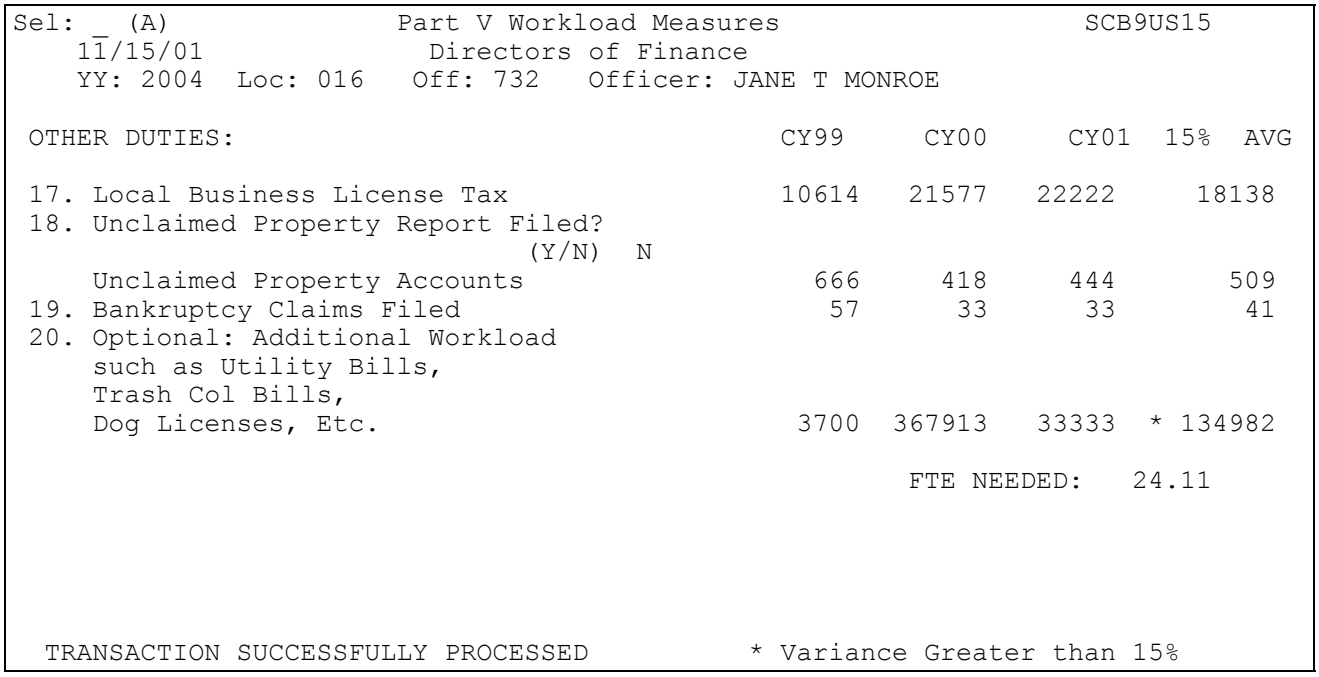


Figure 22

WORKLOAD MEASURES

This screen will be displayed after the completion of the 2st screen of workload factors when the enter key is pressed and the SEL field is blank. This screen must be processed and an amount entered for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

PART V. TREASURER-BASED WORKLOAD MEASURES (third screen)

Please provide requested information in accordance with 15.2-1636.7, Code of Virginia (1950 as amended). Information requested is based **on the most recent calendar year.**

1. Press the "TAB" key to go to the first field of entry. **These are required fields**.
2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter '0', and "TAB" to the next field.(Do Not Leave Blanks or the system will not let you proceed to the next screen)
3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.
4. Press the "ENTER" key after entering the information requested.
5. Press the "ENTER" key again to proceed to the next category or,
6. Type "M" in SEL: (at the top of the screen) to return to the main menu.

TREASURER-BASED WORKLOAD DEFINITIONS (Page 3)

OTHER DUTIES:

17. OPTIONAL: DATA FROM OTHER ACTIVITIES OF YOUR OFFICE WHICH SIGNIFICANTLY AFFECT YOUR WORKLOAD, TO INCLUDE (BUT NOT LIMITED TO) THE FOLLOWING:

NUMBER OF LOCAL BUSINESSES ON WHICH LICENSE TAX IS COLLECTED: Enter the total number of businesses from whom you collect a license tax.

18. DID YOU FILE AN UNCLAIMED PROPERTY REPORT? Type "Y" for YES or "N" for NO.

IF IT WAS A POSITIVE REPORT, HOW MANY ACCOUNTS WERE SENT TO UNCLAIMED PROPERTY? Enter the total number of accounts on the report filed with Unclaimed Property during the year.

19. NUMBER OF BANKRUPTCY CLAIMS FILED DURING THE YEAR: Enter the total number of bankruptcy claims filed with your office.

20. UTILITY BILLS, TRASH COLLECTION BILLS, DOG LICENSES, ETC.

The following weights were set by the Treasurers Association of Virginia FOR Treasurer-type duties on February 28, 1996, and adopted by the Compensation Board.

WORKLOAD ITEM	WEIGHT	% OF TIME	% OF TRANS
REAL ESTATE	1.5484	23.52	15.19
PERSONAL PROPERTY	1.0796	21.98	20.36
COLLECTION ACTIONS	0.9852	12.62	12.81
VEHICLE DECAL SALES	0.7919	13.62	17.20
STATE TAX	3.0834	14.06	4.56
OTHER DUTIES	0.0000	14.20	29.89

REAL ESTATE:
Add responses to questions 1, 3, 4, 5, and 6b, multiply by 1.5484

PERSONAL PROPERTY:
Add responses to questions 7 and 8, multiply by 1.0796

COLLECTION ACTIONS:
Add responses to questions 12 a - h, multiply by 0.9852

VEHICLE DECALS:
Multiply response to question 13 by 0.7919

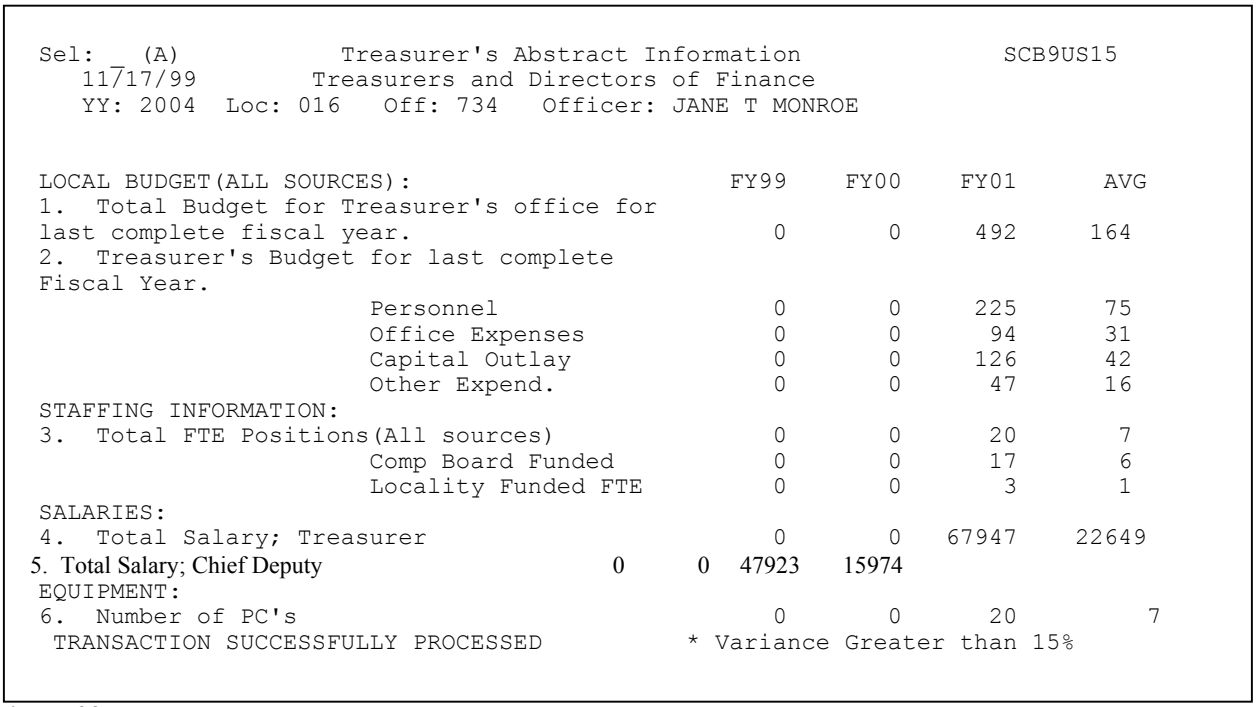
STATE TAX:
Add responses to questions 14a, 14c, 15a, and 16, multiply by 3.0834

OTHER DUTIES:
Question 17 is not weighted.

The weight applied to each workload item was determined by dividing the percentage of transactions for each category by the percentage of time for that category. Only duties which are statutorily prescribed functions of the treasurer are weighted. Duties which were deemed to be local, are not included in the workload calculation.

To calculate the Treasurer Based "STAFF NEED" in your office based upon Treasurer-type duties only:

TREASURER-BASED STAFF NEED = 1.92 + (0.000036 * AVERAGE WEIGHTED TREASURER-BASEDWORKLOAD)



```
Sel: _ (A)           Treasurer's Abstract Information              SCB9US15
   11/17/99        Treasurers and Directors of Finance
   YY: 2004  Loc: 016   Off: 734   Officer: JANE T MONROE


LOCAL BUDGET(ALL SOURCES):                          FY99    FY00    FY01      AVG
1.  Total Budget for Treasurer's office for
last complete fiscal year.                             0       0     492     164
2.  Treasurer's Budget for last complete
Fiscal Year.
                       Personnel                       0       0     225      75
                       Office Expenses                 0       0      94      31
                       Capital Outlay                  0       0     126      42
                       Other Expend.                   0       0      47      16
STAFFING INFORMATION:
3.  Total FTE Positions(All sources)                   0       0      20       7
                       Comp Board Funded               0       0      17       6
                       Locality Funded FTE             0       0       3       1
SALARIES:
4.  Total Salary; Treasurer                            0       0   67947    22649
5. Total Salary; Chief Deputy                  0       0   47923    15974
EQUIPMENT:
6.  Number of PC's                                     0       0      20          7
 TRANSACTION SUCCESSFULLY PROCESSED          * Variance Greater than 15%
```

Figure 23

Abstract Information

This screen will be displayed after the completion of the 3rd screen of workload factors when the enter key is pressed and the SEL field is blank. This screen contains information used by the Treasurers' Association in the preparation of their yearly report. Where noted in the abstract definitions, figures should be rounded to the nearest thousand, and recorded in thousands. For example, $305,850.00 for personnel should be recorded as $306; and $1,975.00 would be recorded as $2.

Abstract Information

Please provide the requested information for **most recent completed fiscal year**.

1. Press the "TAB" key to go to the first field of entry.

2. Enter the number of transactions for each abstract measure listed, if not applicable to your office enter '0', and "TAB" to the next field.

3. Repeat this process until you have entered the number of transactions for each abstract measure listed on this screen.

4. Press the "ENTER" key after entering the information requested.

5. Press the "ENTER" key again to proceed to the next category or,

6. Type "M" in the SEL: (at the top of the screen) to return to the main menu.

Abstract Definitions

1. TOTAL BUDGET FOR TREASURER'S OFFICE FOR LAST COMPLETE FISCAL YEAR. Enter the total approved budgeted amount for your office (Compensation Board and Locality Budget). Amounts should be recorded to the nearest thousand. For example, if the total budget amount is $356,957.00 enter '357'.
2. TREASURER'S BUDGET FOR LAST COMPLETE FISCAL YEAR (PERSONNEL). Enter the total approved budgeted amount (Compensation Board and Locality Budget) for personnel. Amount should be recorded to the nearest thousand. For example, if the total budgeted amount for personnel costs is $257,901.00, enter '258'.

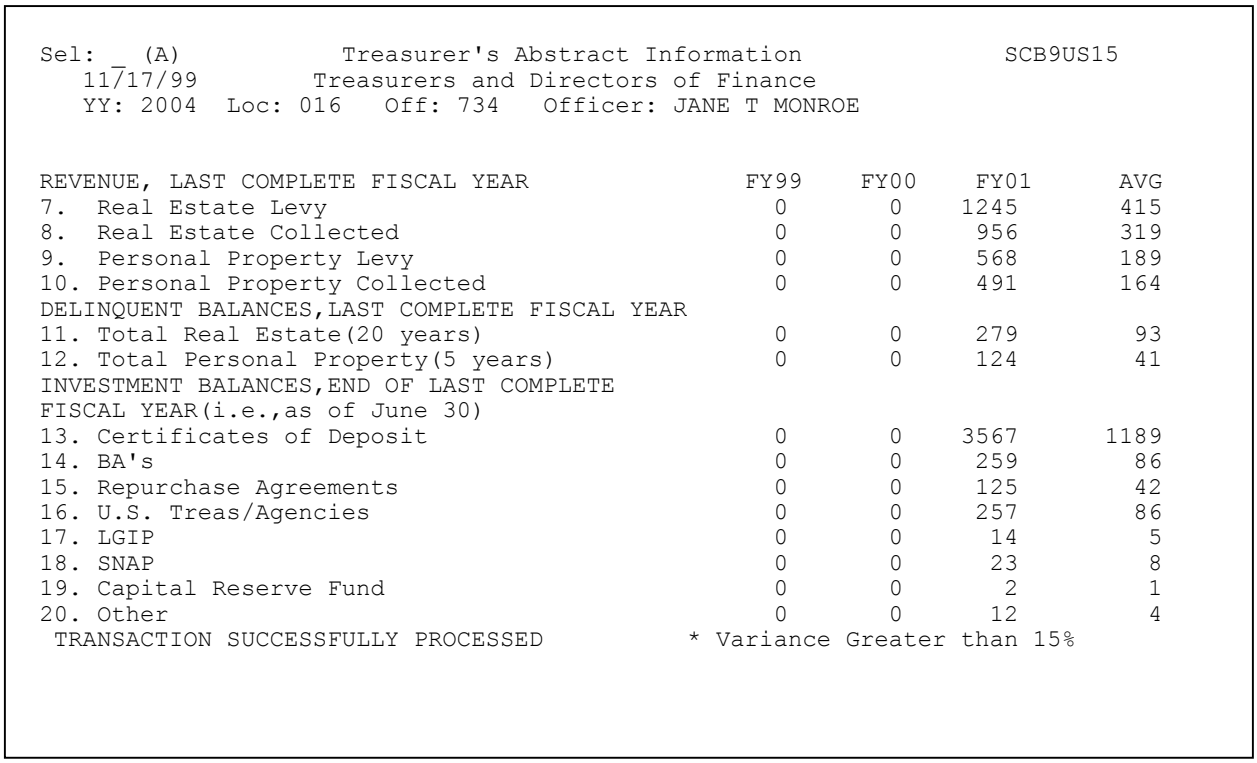
   TREASURER'S BUDGET FOR LAST COMPLETE FISCAL YEAR (OFFICE EXPENSES). Enter the total approved budgeted amount (Compensation Board and Locality Budget) for office expenses. Amount should be recorded to nearest thousand. For example, if the total budgeted amount for office expenses is $12,945.00 enter '13'.

   TREASURER'S BUDGET FOR LAST COMPLETE FISCAL YEAR (CAPITAL OUTLAY). Enter the total approved budgeted amount (Compensation Board and Locality Budget) for capital outlay. Amount should be recorded to nearest thousand. For example, if the total budgeted amount for capital outlay is $45,007.00, enter '45'.

   TREASURER'S BUDGET FOR LAST COMPLETE FISCAL YEAR (OTHER EXPENDITURES). Enter the total approved budgeted amount (Compensation Board and Locality Budget) for other expenditures. Amount should be recorded to nearest thousand. For example, if the total budgeted amount for other expdenditures is $45,002.00, enter '45'.
3. TOTAL FTE POSITIONS (ALL SOURCES). Enter the number of positions in your office. Actual numbers should be recorded. This number should be equal the the Compensation Board funded positions plus the Locality funded positions.

   TOTAL FTE POSITIONS (COMPENSATION BOARD FUNDED). Enter the number of positions the Compensation Board funds in your office. Actual numbers should be recorded.

   TOTAL FTE POSITIONS (LOCALITY FUNDED FTE). Enter the number of positions your locality currently funds. Actual numbers should be recorded.
4. TOTAL SALARY (TREASURER). Enter the actual salary of the Director of Finance for the specified time period. Actual salary amount should be recorded and any local supplement should be included.
5. TOTAL SALARY (CHIEF DEPUTY). Enter the actual salary of the Chief Deputy Finance Director for the specified time period. Actual salary amount should be recorded and any local supplement should be included.
6. EQUIPMENT (NUMBER OF PCs). Enter the acutal number of PCs in your office for the specified time period. Actual numbers should be recorded.



```
Sel: _ (A)           Treasurer's Abstract Information              SCB9US15
   11/17/99        Treasurers and Directors of Finance
   YY: 2004  Loc: 016   Off: 734   Officer: JANE T MONROE


REVENUE, LAST COMPLETE FISCAL YEAR                FY99    FY00    FY01      AVG
7.  Real Estate Levy                                 0       0    1245      415
8.  Real Estate Collected                            0       0     956      319
9.  Personal Property Levy                           0       0     568      189
10. Personal Property Collected                      0       0     491      164
DELINQUENT BALANCES,LAST COMPLETE FISCAL YEAR
11. Total Real Estate(20 years)                      0       0     279       93
12. Total Personal Property(5 years)                 0       0     124       41
INVESTMENT BALANCES,END OF LAST COMPLETE
FISCAL YEAR(i.e.,as of June 30)
13. Certificates of Deposit                          0       0    3567     1189
14. BA's                                             0       0     259       86
15. Repurchase Agreements                            0       0     125       42
16. U.S. Treas/Agencies                              0       0     257       86
17. LGIP                                             0       0      14        5
18. SNAP                                             0       0      23        8
19. Capital Reserve Fund                             0       0       2        1
20. Other                                            0       0      12        4
 TRANSACTION SUCCESSFULLY PROCESSED          * Variance Greater than 15%
```

Figure 24

Abstract Information

This screen will be displayed after the completion of the first screen of abstract information when the enter key is pressed and the SEL field is blank. This screen contains information used by the Treasurers' Association in the preparation of their yearly report. Where noted in the abstract definitions, fugures should be rounded to the nearest thousand, and recorded in thousands. For example, $305,850.00 for personnel should be recorded as $306; and $1,975.00 would be recorded as $2.

Abstract Information

Please provide the requested information for the **most recent completed fiscal year**..

7. Press the "TAB" key to go to the first field of entry.

8. Enter the number of transactions for each abstract measure listed, if not applicable to your office enter ‘0’, and "TAB" to the next field.

9. Repeat this process until you have entered the number of transactions for each abstract measure listed on this screen.

10. Press the "ENTER" key after entering the information requested.

11. Press the "ENTER" key again to proceed to the next category or,

12. Type "M" in the SEL: (at the top of the screen) to return to the main menu.

7. REVENUE, LAST COMPLETE FISCAL YEAR (REAL ESTATE LEVY). Enter the amount of real estate taxes levied during the specified time period. Amounts should be recorded to the nearest thousand. For example, if the reveune amount is $456,921.00, enter '457'.
8. REVENUE, LAST COMPLETE FISCAL YEAR (REAL ESTATE COLLECTED). Enter the amount of real esate taxes collected during the specified time period. Amounts should be recorded to the nearest thousand. For example, if the revenue amount is $1,256,948.00, enter '1257'.
9. REVENUE, LAST COMPLETE FISCAL YEAR (PERSONAL PROPERTY LEVY). Enter the amount of personal property taxes levied during the specified time period. Amounts should be recorded to the nearest thousand. For example, if the revenue amount is $257,121.00, enter '257'.
10. REVENUE, LAST COMPLETE FISCAL YEAR (PERSONAL PROPERTY COLLECTED). Enter the amount of personal property taxes collected during the specified time period. Amounts should be recorded to the nearest thousand. For example, if the revenue amount is '$124,921.00', enter '125'.
11. DELINQUENT BALANCES, LAST COMPLETE FISCAL YEAR (TOTAL REAL ESTATE (20 YEARS)). Enter the amount of the delinquent real estate balances for the specified time period. Amounts should be recorded to the nearest thousand. For example, if the delinquent balance amount is $756,925.00, enter '757'.
12. DELINQUENT BALANCES, LAST COMPLETE FISCAL YEAR (TOTAL PERSONAL PROPERTY (5 YEARS)). Enter the amount of the delinquent personal property balances for the specified time period. Amounts should be recorded to the nearest thousand. For example, if the delinquent balance amount is $295,846.00, enter '296'.
13. INVESTMENT BALANCES, END OF LAST COMPLETE FISCAL YEAR (CERTIFICATES OF DEPOSIT). Enter the dollar amount for certificates of deposit in your office. Amounts should be recorded to the nearest thousand. For example, if the investment amount is $5,799,231.00, enter '5800'.
14. INVESTMENT BALANCES, END OF LAST COMPLETE FISCAL YEAR (BA's). Enter the dollar amount for BA's in your office. Amounts should be recorded to the nearest thousand. For example, if the investment amount is $978,234.00, enter '978'.
15.INVESTMENT BALANCES, END OF LAST COMPLETE FISCAL YEAR (REPURCHASE AGREEMENTS). Enter the dollar amount for repurchase agreements in your office. Amounts should be recorded to the nearest thousand. For example, if the investment amount is $1,257,945.00, enter 1258.
16. INVESTMENT BALANCES, END OF LAST COMPLETE FISCAL YEAR (U.S. TREASURY/AGENCIES). Enter the dollar amount for U.S. Treasury bonds in your office. Amounts should be recorded to the nearest thousand. For example, if the investment amount is $7,945,201.00, enter '7945'.
17. INVESTMENT BALANCES, END OF LAST COMPLETE FISCAL YEAR (LGIP). Enter the dollar amount for LGIP in your office. Amounts should be recorded to the nearest thousand. For example, if the investment amount is $99,236,736.00, enter '99237'.
18. INVESTMENT BALANCES, END OF LAST COMPLETE FISCAL YEAR (SNAP). Enter the dollar amount for SNAP in your office. Amounts should be recorded to the nearest thousand. For example, if the investment amount is $159,248.00, enter '159'.
19. INVESTMENT BALANCES, END OF LAST COMPLETE FISCAL YEAR (CAPITAL RESERVE FUND). Enter the dollar amound for capital reserve funds in your office. Amounts should be recorded to the nearest thousand. For example, if the investment amount is $245,239,437.00, enter '245239'.
20. INVESTMENT BALANCES, END OF LAST COMPLETE FISCAL YEAR (OTHER). Enter the dollar amount for all investments in your office not covered in one of the other sub-categories. Amounts should be recorded to the nearest thousand. For example, if the investment amount is $294,932.00, enter '295'.

```
Sel: _   (A) Part V Workload Measures - Commissioner of Revenue     SCB9UM19
  11/15/01     YY: 2004  LOC: 016  Off: 734  Officer: JOHN T. MONROE
                                              CY99    CY00    CY01      AVG
 1.  Land Parcels                            33543   34220   33333     33699
 2.  Real Estate Transfers                    3298    3394    3333      3342
 3.  Reassessments/New Construction           1461    1547    1111  *   1373
 4.  Pers Property Assessments               89434   91545   99999     93659
 5.  Accts (Machinery/Tool/Pers Prop)         3032    3012    3333      3126
 6.  Mobile Home Assessments                  3920    3907    3333      3720
 7.  Tax Relief Applications                   314     333     333       327
 8.  Business Lic/Capital Accts               4788    4684    4444      4639
 9.  Land Use Tax/Rollback Appl               5664    5871    5555      5697
 10. Excise Taxes/Business Assessed            169     168     111  *    149
 11. State Tax Returns Processed             18970   19322   11111  *  16468
 12. Estimated State Tax Assessments          1391    1173    3333  *   1966
 13. Tax Assessments Adjusted                 1965    1745    1111  *   1607
 14. Cemetery Trusts Accounts                    1       1       1         1
 15. Financial Inst/Bank Franchise Tax           6       6       6         6
 16. Public Service Corp Assessed               35      35      33        34
 17. Coal/Gas, Oil, Mineral Tax Accounts         0       0       0         0
 18. Issuance of 'No Fee' Motor Vehicle Decals   0       0       0         0
                                    *Variance GT 15%          FTE:   12.42

TRANSACTION SUCCESSFULLY PROCESSED
```

Figure 25

WORKLOAD MEASURES SCREEN

This screen will be displayed after completion of the second screen of abstract information when the enter key is pressed and the SEL field is blank. This screen must be processed and an amount must be entered for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

PART V. COMMISSIONER OF REVENUE-BASED WORKLOAD MEASURES

Please provide requested information in accordance with Section 15.2-1636.7, Code of Virginia (1950 as amended). Information requested is based **on the most recent calendar year.**.

1. Press the "TAB" key to go to the first field of entry. **These are required fields**.

2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter 0, and "TAB" to the next field. (Do Not Leave Blanks or the system will not let you proceed to the next screen)

3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.

4. Press the "ENTER" key after entering the information requested.

5. Press the "ENTER" key again to proceed to the next category or,

6. Type "M" in SEL__: (at the top of the screen) to return to the main menu.

COMMISSIONER OF REVENUE-BASED WORKLOAD DEFINITIONS (page 1)

1. **NUMBER OF PARCELS OF LAND**: If your office handles real estate, enter the total number of parcels of real estate, taxable and non taxable. ***Do not*** multiply this figure by any factor if you prorate or bill more than once a year.

2. **NUMBER OF REAL ESTATE TRANSFERS:** If your office handles real estate, enter the total number of transfers of parcels for the year.

3. **NUMBER OF REASSESSMENTS DUE TO NEW CONSTRUCTION:** If your office assesses new construction, enter the total number of assessments adjusted due to new construction. ***Do not*** enter the number of total number of building permits. ***Do not*** enter the number of visits to a property for measurements and listings.

4. **NUMBER OF PERSONAL PROPERTY ASSESSMENTS:** Enter the total number of items of the following kinds of personal property assessments in your jurisdiction: count each separate motor vehicle, motorcycle, utility, road or boat trailer, boat and motors, campers, travel trailers, aircraft, etc. Each item is a separate count. ***Do not*** multiply this factor by any factor if you prorate or bill more than once a year. ***Note: The sum of factors #4, #5, and #6 should equal the total number of all personal property accounts in your locality.***

5. **NUMBER OF MACHINERY AND TOOLS, BUSINESS PERSONAL PROPERTY AND FARM ACCOUNTS:** Enter the total number of manufacturing machinery and tools, business personal property and farm accounts that you assess. ***Do not*** multiply this figure by any factor if you prorate or bill more than once a year.

6. **NUMBER OF MOBILE HOME ASSESSMENTS:** Enter the total number of mobile homes that you treat as personal property. ***Do not*** multiply this figure by any factor if you prorate or bill more than once a year.

7. **NUMBER OF APPLICATIONS RECEIVED FOR TAX RELIEF, REAL ESTATE, PERSONAL PROPERTY, DISABLED, ETC.:** Enter the total of the applications received in your office annually, ***Do not*** multiply this figure by any factor if you prorate or bill more than once a year.

8. **NUMBER OF BUSINESS LICENSES ISSUED AND MERCHANTS CAPITAL ACCOUNTS**: Enter the total number of all business licenses processed annually. For those localities with merchants capital, report the total number of accounts.

9. **NUMBER OF APPLICATIONS PROCESSED FOR LAND USE TAXATION AND ROLLBACK ASSESSMENTS**: Enter the total number of land use and rollback applications processed.

10. **NUMBER OF BUSINESS ACCOUNTS ASSESSED FOR EXCISE TAXES:** Enter the total number of business accounts. This should include meals, lodging, , admissions, short term rental and any other local excise taxes assessed. ***Do not*** multiply this number by the number of processings during a year, i.e., ***Do not*** multiply by twelve for monthly processings or by four for quarterly processings.

11. **NUMBER OF STATE INCOME TAX RETURNS PROCESSED BY YOUR OFFICE:** Enter the total number that can be verified by the Department of Taxation.

12. **NUMBER OF STATE TAX ASSESSMENTS FOR ANNUAL ESTIMATED INCOME TAXPAYERS:** Enter the total number that can be verified by the Department of Taxation.

13. **NUMBER OF TAX ASSESSMENTS ADJUSTED (REAL ESTATE, BUSINESS LICENSES, PERSONAL PROPERTY, ETC.):** Enter the total number of adjustments that your office made during the year. This total should include any adjustments caused by proration or audits.

14. **NUMBER OF CEMETERY TRUST ACCOUNTS THAT ARE ADMINISTERED BY YOUR OFFICE:** Enter the number of cemetery companies that filed annual reports with your office.

15. **NUMBER OF FINANCIAL INSTITUTIONS THAT ARE REQUIRED TO FILE THE BANK FRANCHISE TAX WITH YOUR OFFICE:** Enter the total number of banks that can be verified with the Department of Taxation.

16. **NUMBER OF PUBLIC SERVICE CORPORATIONS THAT ARE ASSESSED:** Enter the number of Public Service Corporations and Railroad companies that are assessed and that can be verified with the State Corporations and Railroad companies that are assessed and that can be verified with the State Corporation Commission and the Department of Taxation.

17. **NUMBER OF COAL/GAS SEVERANCE TAX, COAL ROAD TAX, OIL SEVERANCE TAX AND MINERAL TAX ACCOUNTS:** If your office handles these functions, enter the number of Coal/Gas Severance, Coal Road, Oil Severance and mineral taxes accounts. ***Do not*** multiply this figure by any factor if billed more than once a year.

18. NUMBER OF MOTOR VEHICLE "NO FEE" DECALS ISSUED (EX., MILITARY PERSONNEL OR OWNERSHIP TRANSFERS):

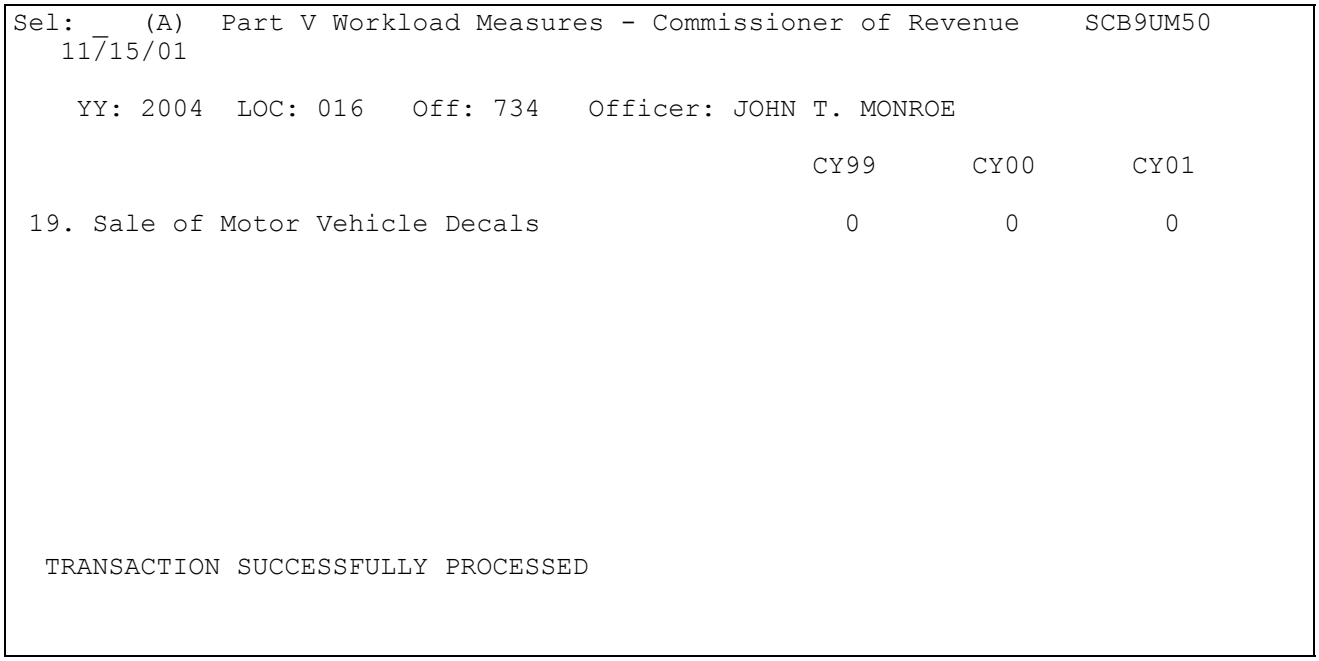


Figure 26

WORKLOAD MEASURES SCREEN SECOND SCREEN

This screen will be displayed after the completion of the 1st screen of Commissioner of Revenue-based workload factors when the enter key is pressed and the SEL field is blank. This screen must be processed and an amount must be entered for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

PART V. COMMISSIONER OF REVENUE-BASED WORKLOAD MEASURES (second screen)

Please provide requested information in accordance with Section 15.2-1636.7, Code of Virginia (1950 as amended). Information requested is based **on the most recent calendar year**.

1. Press the "TAB" key to go to the first field of entry. **These are required fields**.
2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter 0, and "TAB" to the next field. (Do Not Leave Blanks or the system will not let you proceed to the next screen)
3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.
4. Press the "ENTER" key after entering the information requested.
5. Press the "ENTER" key again to proceed to the next category or,
6. Type "M" in SEL__: (at the top of the screen) to return to the main menu.

COMMISSIONER OF REVENUE-BASED WORKLOAD DEFINITIONS (page 2)

19. **NUMBER OF MOTOR VEHICLE LICENSE DECALS SOLD:**

To calculate the Commissioner of Revenue-Based Staff need in your office based on Commissioner of Revenue type duties only:

WORKLOAD ITEM	WEIGHTS
1. PARCELS	0.08
2. TRANSFERS	0.50
3. REASSESSMENTS	1.25
4. PERSONAL PROPERTY	0.17
5. M&T/BUSINESS/FARM	0.33
6. MOBILE HOMES	0.33
7. TAX RELIEF	0.50
8. BPOL/MC	0.50
9. LAND USE	0.50
10. EXCISE TAX	4.00
11. STATE TAX RETURNS	0.33
12. ESTIMATED TAXES	0.17
13. ADJUSTMENTS	0.17
14. CEMETERIES	8.00
15. BANK FRANCHISE	1.00
16. PUBLIC SERVICE CORPORATIONS	2.00
17. COAL/GAS/OIL/MINES	2.00
18. "NO FEE" DECALS ISSUED	0.17
19. VEHICLE DECALS SOLD	0.00

The following weights were set by the Commissioner of Revenue Association of Virginia for Commissioner of the Revenue-type duties and adopted by the Compensation Board:

COMMISSIONER OF REVENUE-BASED STAFF NEED: 1.7864 + (0.00029271 * Average Weighted Commissioner of Revenue-Based Workload)

To calculate the total staff need in the Director of Finance's office for all duties:
TOTAL STAFF NEED: (Treasurer Based Staff Need) + Commissioner of Revenue Based Staff Need) - 1

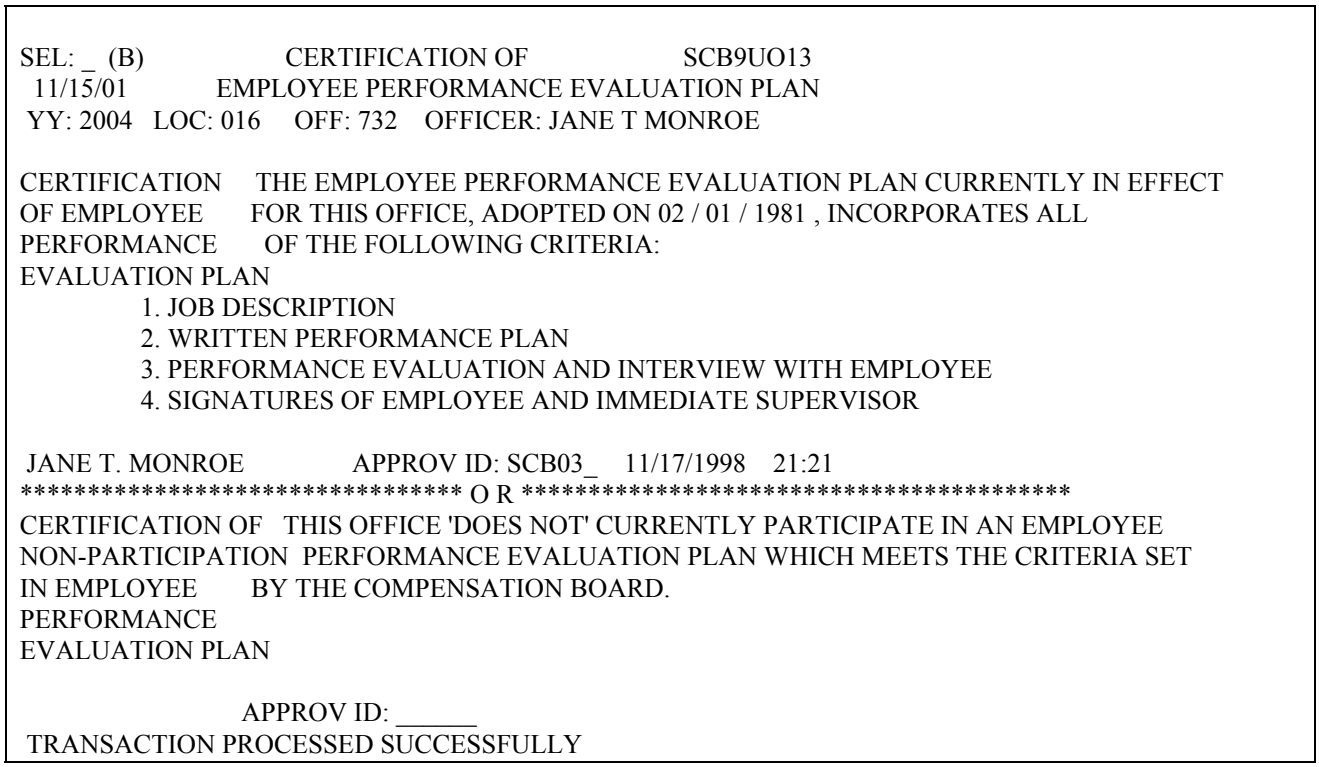


Figure 27

EMPLOYEE PERFORMANCE EVALUATION PLAN SCREEN

This screen will be displayed when "B" is selected on the On-line Budget Menu or when the enter key is pressed at the completion of the workload measures process if the select field is blank. You are required to provide either the date of the establishment of your evaluation program and your user ID or your user ID if your office does not have an evaluation plan.

The Date of the establishment of your evaluation program will be displayed as it was entered last year. If you no longer have an evaluation program or if you are a new officer and elect not to adopt the previous officer's evaluation program you may erase the date and enter your USER ID in the "DOES NOT" have an evaluation plan (lower portion of this screen).

PART VI. CERTIFICATION OF EMPLOYEE PERFORMANCE EVALUATION PLAN

Complete this section. **These fields are required**.

1. Press the "Tab" key to the desired field. Please enter your USERID on one line only (Field 2 or Field 3).

   Field 1: Date adopted: Date Performance Evaluation Plan was adopted has been provided, if correct "TAB" to next field of entry. If that date is no longer applicable erase the date and enter the new date and "TAB" to the next field of entry, or if you have not adopted a pay for performance plan erase the date and "TAB" to Field 3.

   Field 2: Office has Pay for Performance: Enter your USERID or "TAB" to the next Field.

   Field 3: Office DOES NOT have PFP: Enter your USERID, if not entered in Field 2. Press the "ENTER" key after completing information requested.

2. Press the "ENTER" key again to proceed to the next category or,

3. Type "M" in SEL: (at the top of the screen) to return to the main menu.

CRITERIA FOR AN EMPLOYEE PERFORMANCE EVALUATION PLAN

Job Description
A detailed job description is maintained for each permanent employee which provides the elements for evaluation on the employee's performance plan.

Written Performance Plan
Each employee's performance plan identifies and prioritizes job elements based upon the employee's job description, states expectations for the acceptable level of performance for each job element, and addresses the extent to which external factors impact the employee's ability to perform the job. Factors which are not related to the job, such as race, sex, religion, level of salary or physical condition, are not considered in the evaluation process.

Performance Evaluation and Interview with Employee
The performance plan and evaluation expectations are discussed by the employee and his/her immediate supervisor at the beginning of the performance cycle and in at least one interview every 12 months. These meetings address ways to improve performance, note areas of improvement already achieved, and provide a forum for discussion of goals, expectations, and factors affecting performance.

Signatures of Employee and Immediate Supervisor
Both the employee and the employee's immediate supervisor sign the performance plan and the evaluation; copies are made available to the employee and the originals are maintained in the employee's permanent personnel file.

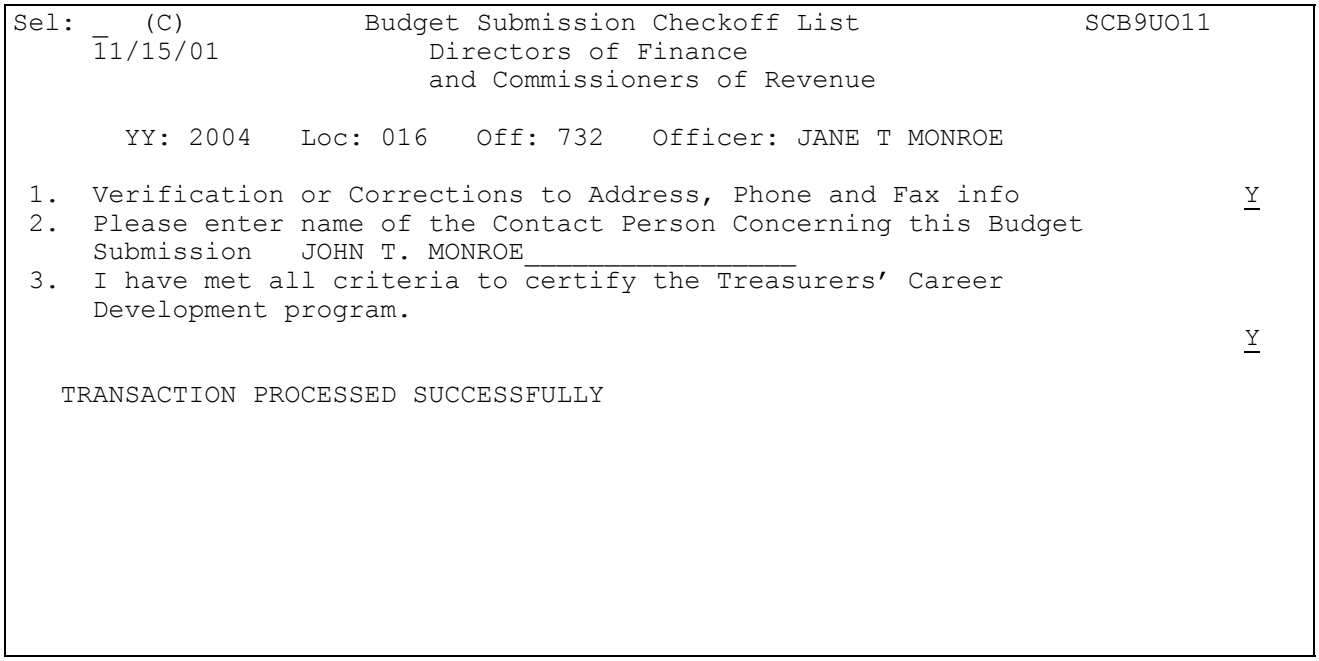


Figure 23

CHECK OFF LIST

This screen will be displayed when "C" is selected on the On-line Budget Menu or if you depress the enter key at the completion of your performance evaluation screen processing and the selection field is blank. **You are required to complete the entry of the fields on this screen.**

NEW: Question # 3 should be answered by the Officer ONLY; if you are not the Officer, please be sure to print this and the following three screens and forward them to the Treasurer/Director of Finance for their input before certifying the Online Budget Request.

CHECKOFF LIST

1. Press the “TAB” key to go to the desired field.
2. Enter a “Y” in the fields provided to indicate the required functions have been performed. Enter “N” in the instance a function is not applicable, “TAB” to the next field.
3. Repeat this process until you have entered a “Y” or an “N” in all fields provided, and typed the name of the person to contact for questions when reviewing your budget request.
4. Press the “Enter” key after completing requested information.
5. Press the “Enter” key to proceed to the next category or,
6. Type “M” in SEL__: (at the top of the screen) to return to the main menu.

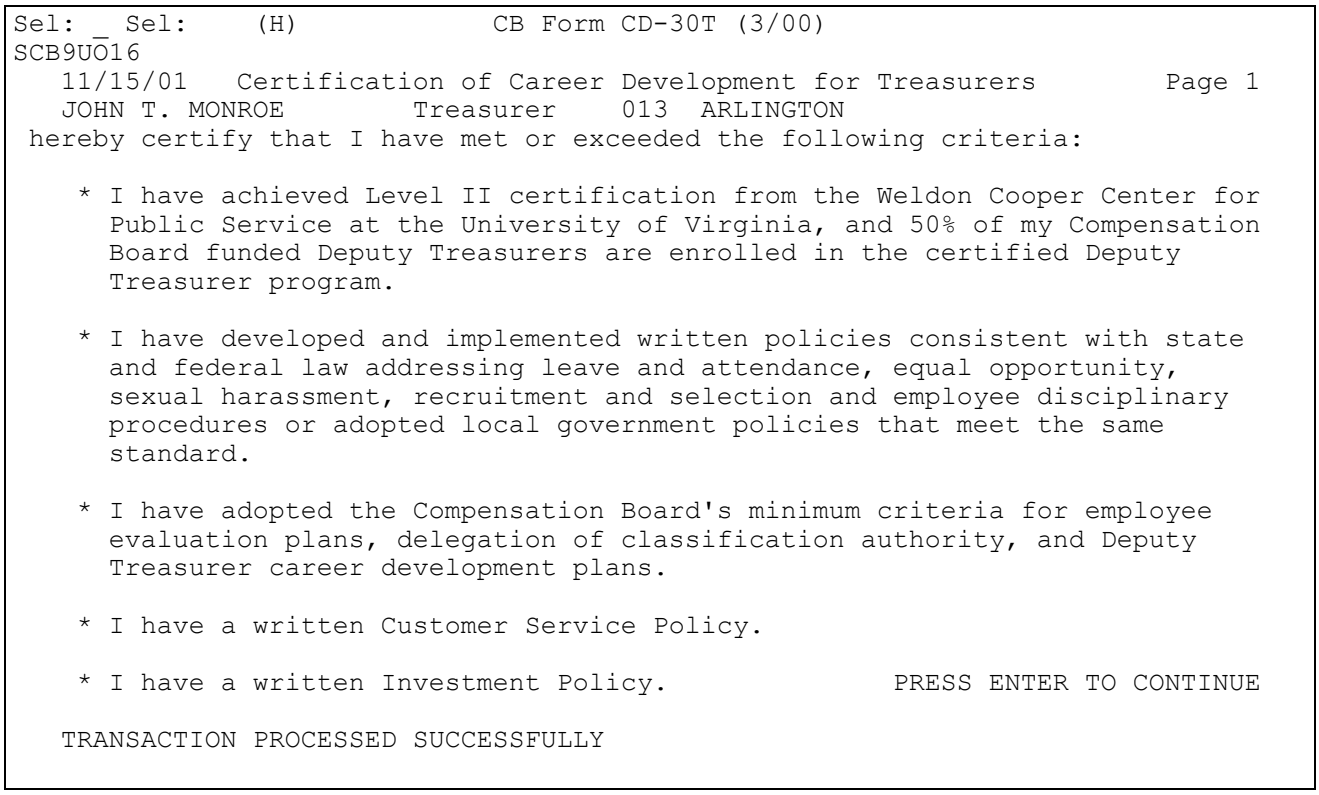

Sel: _ Sel: (H) CB Form CD-30T (3/00)
SCB9UO16
11/15/01 Certification of Career Development for Treasurers Page 1
JOHN T. MONROE Treasurer 013 ARLINGTON
hereby certify that I have met or exceeded the following criteria:
* I have achieved Level II certification from the Weldon Cooper Center for Public Service at the University of Virginia, and 50% of my Compensation Board funded Deputy Treasurers are enrolled in the certified Deputy Treasurer program.
* I have developed and implemented written policies consistent with state and federal law addressing leave and attendance, equal opportunity, sexual harassment, recruitment and selection and employee disciplinary procedures or adopted local government policies that meet the same standard.
* I have adopted the Compensation Board's minimum criteria for employee evaluation plans, delegation of classification authority, and Deputy Treasurer career development plans.
* I have a written Customer Service Policy.
* I have a written Investment Policy.
PRESS ENTER TO CONTINUE
TRANSACTION PROCESSED SUCCESSFULLY

Figure 24

TREASURERS' CAREER DEVELOPMENT PROGRAM

1. When answering "Y" (yes) to question #3 on the Checkoff list, you are required to enter all requested information and all criteria must be met. Officers who certified must re-certify the criteria by February 1 of each year in order to continue receiving the additional percent of increase appropriated December 1st. Officers certifying for the first time on February 1st , will receive a 9.3% salary increase effective July 1st. Hence, the Officer must re-certify the Treasurers' Career Development Program by February 1st of each year on the online budget request in order to receive and/or to continue to receive the additional percent of increase.
2. When answering "N" (no) to question #3 on the checkoff list, you may proceed to screen #3 of the Treasurers' Certification.
3. There are no entries required on this screen, but please ensure that the Treasurer/Director of Finance reads this certification before certifying the Online Budget Request.
4. Press "enter" to proceed to the next screen.

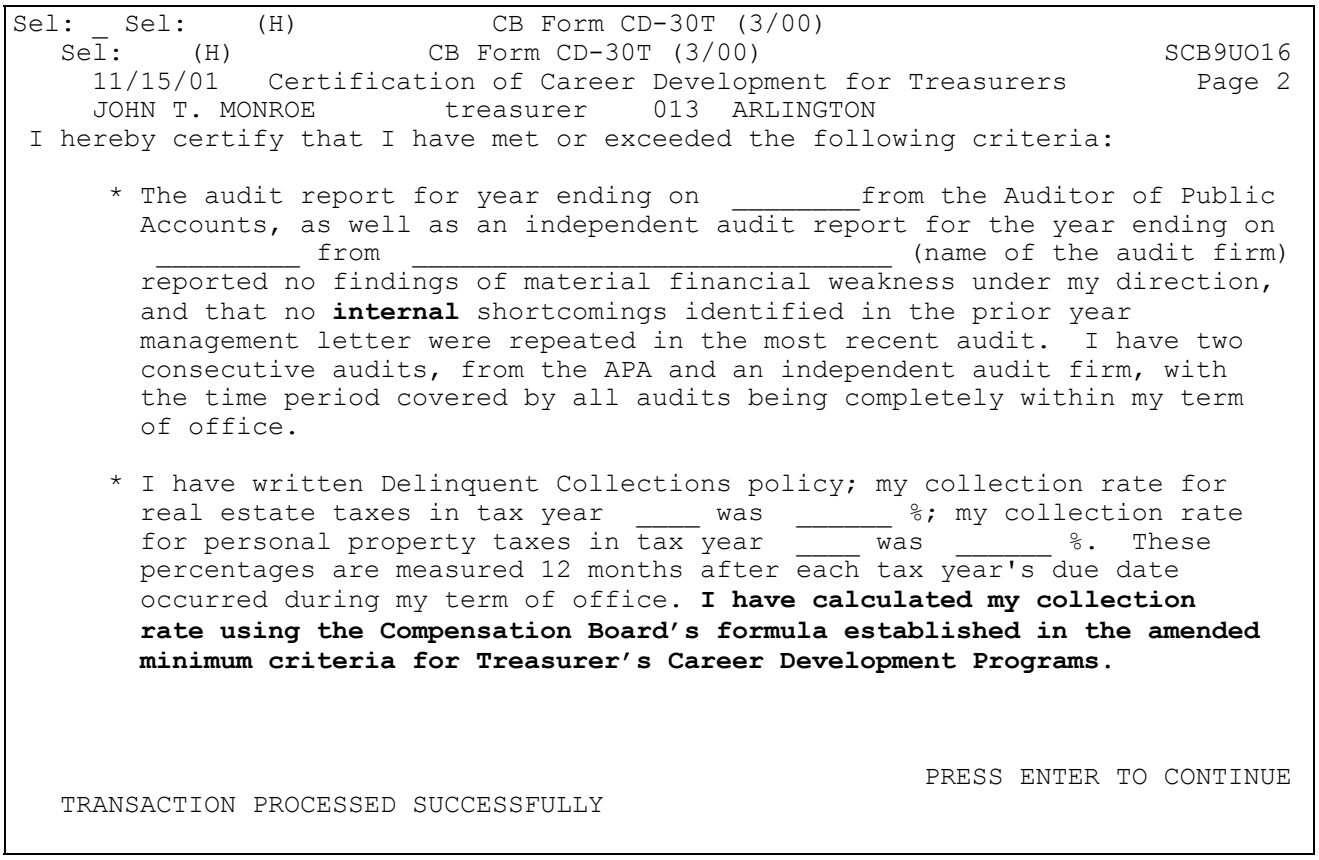

Sel: _ Sel: (H) CB Form CD-30T (3/00)
Sel: (H) CB Form CD-30T (3/00) SCB9UO16
11/15/01 Certification of Career Development for Treasurers Page 2
JOHN T. MONROE treasurer 013 ARLINGTON
I hereby certify that I have met or exceeded the following criteria:
* The audit report for year ending on _____from the Auditor of Public Accounts, as well as an independent audit report for the year ending on _____ from _____ (name of the audit firm) reported no findings of material financial weakness under my direction, and that no internal shortcomings identified in the prior year management letter were repeated in the most recent audit. I have two consecutive audits, from the APA and an independent audit firm, with the time period covered by all audits being completely within my term of office.
* I have written Delinquent Collections policy; my collection rate for real estate taxes in tax year ____ was _____ %; my collection rate for personal property taxes in tax year ____ was _____ %. These percentages are measured 12 months after each tax year's due date occurred during my term of office. I have calculated my collection rate using the Compensation Board's formula established in the amended minimum criteria for Treasurer's Career Development Programs.
PRESS ENTER TO CONTINUE
TRANSACTION PROCESSED SUCCESSFULLY

Figure 25

TREASURERS' CAREER DEVELOPMENT PROGRAM (continued)

If you answered "Y" to question #3 on the check-off list, proceed as follows, otherwise, proceed to instruction #3.

1. Press the "TAB" key:

Field 1: audit report for year ending on: Enter the fiscal month and year of your last audit from the Auditor of Public Accounts (State) (e.g.06/1998)

Field 2: independent audit report for the year ending on: Enter the fiscal month and year of your last independent audit (e.g. 06/1998).

Field 3: from: Enter the name of the audit firm who completed the independent audit.

Field 4: collection rate for real estate taxes in tax year : Enter the TAX year (e.g. 1998)

Field 5: was ___ % : Enter the collection rate. **(See computation below)**

Field 6: collection rate for personal property taxes in tax year: Enter the Tax Year (e.g.1998)

Field 7: was ___%: Enter the collection rate. **(See computation below)**

$$\frac{\text{(Payments+abatements+tax relief+bankruptcies)*}}{\text{Tax assessed (levy) by principal due date}} = \text{Collection rate on } 1^{st} \text{ anniversary of principal due date (adjusted unemployment rate)}$$

*** applied through the first anniversary of the principal due date**

<u>The formula above:</u>

Payments "plus (+)" abatements "plus(+)" tax relief "plus(+)" bankruptcies "divided by(/)" Tax assessed (levy) by principal due date "equals (=)" Collection rate on 1st anniversary of principal due date (adjusted unemployment rate)

Presss "enter" to proceed to the next screen

```
Sel:    (H)            CB Form CD-30T (3/00)                          SCB9UO16
  11/15/01   Certification of Career Development for Treasurers        Page 2
  JOHN T. MONROE        treasurer    013  ARLINGTON
```

I understand that I must submit this cerification as part of my annual Budget request to the Compensation Board by February 1 of each year in Order to be considereded for a 9.3% pay raise effective the following July 1st.

I agree to provide such documentation as necessary to substantiate this certification upon request of the Compensation Board, my governing body or any individual or organization covered under the Virginia Freedom of Information Act. **I understand that I will have seven business days to respond to Compensation Board requests, and that failure to respond within the time limit will result in my application for certification being denied for that year.** I have provided a copy of this certification to my governing body.

JOHN T. MONROE APPROV ID: SCB03 01/31/2000 23:21

PRESS ENTER TO CONTINUE

TRANSACTION PROCESSED SUCCESSFULLY

FIGURE 26

FIGURE 27

```
Sel:    (H)            CB Form CD-30T (3/00)                          SCB9UO16
    11/15/01   Deputies Designated TCDP       Page 1
    JOHN T. MONROE        Treasurer    013  ARLINGTON

    Social     Last         First      CB      Enrolled With
    Security   Name         Name       Class   Weldon Cooper (Y/N)

    222333342  Barnes       James      DII          Y
    222333342  Dmith        Tom        CDI          Y
    111333445  CHILDERS     Donald     DII          N
    222333342  Thomas       Donna      DII          Y
    222333342  Johnson      Craig      SCTII        Y
    111333445  CHILDERS     Bruce      CDIII        N


   TRANSACTION PROCESSED SUCCESSFULLY
```

TREASURERS' CAREER DEVELOPMENT PROGRAM (continued)

If you answered "Y" to question #3 on the check-off list, proceed as follows, otherwise, proceed to instruction #3.

1. Certify by pressing the "TAB" key

   Field 1: APPROV ID : Enter your USER ID **(Please note this is <u>not</u> your Budget Certification, this is Certifying the Treasurer's Career Development Program only)**

   Press "enter" to proceed to the next screen

2. **If you answered Y to question #3 on the check-off list, you will get a screen requesting a list of all Compensation Board funded positions you consider to be a "Deputy" for the purpose of the Career Development Program. These "Deputies" must be grade 6 or higher and 50% of those whom you have designated as "Deputies" must be enrolled in the Weldon Cooper Certified Deputy program. ONLY LIST THOSE COMPENSATION BOARD FUNDED EMPLOYEES GRADE 6 AND HIGHER THAT YOU CONSIDER TO BE DEPUTIES.**

   Field 1: Social Security Number – enter the employee's social security number

   Field 2: Last Name – enter the employee's last name

   Field 2: First Name – enter the employee's first name

   Field 3: CB Class- enter the employee's Compensation Board Classification

   Field 4: Enrolled in Weldon Cooper – enter "Y" for yes or "N" for no

3. **If you answered "N" to question #3** on the check-off screen , press "enter" on screen #2 and proceed to screen #3 (certification). Press "TAB"

   Field 1: APPROV ID : Enter your USER ID. **(Please note this is <u>not</u> your Budget Certification, this is Certifying the Treasurer's Career Development Program only)**

You may change your answer to question #3 on the check-off list by entering "C" in the selection field on screen #3 of the Treasurers' Certification and returning to the check off screen again, however, you may <u>not</u> change your answer after certifying the Online Budget Request.

Press "Enter" to proceed to the next screen

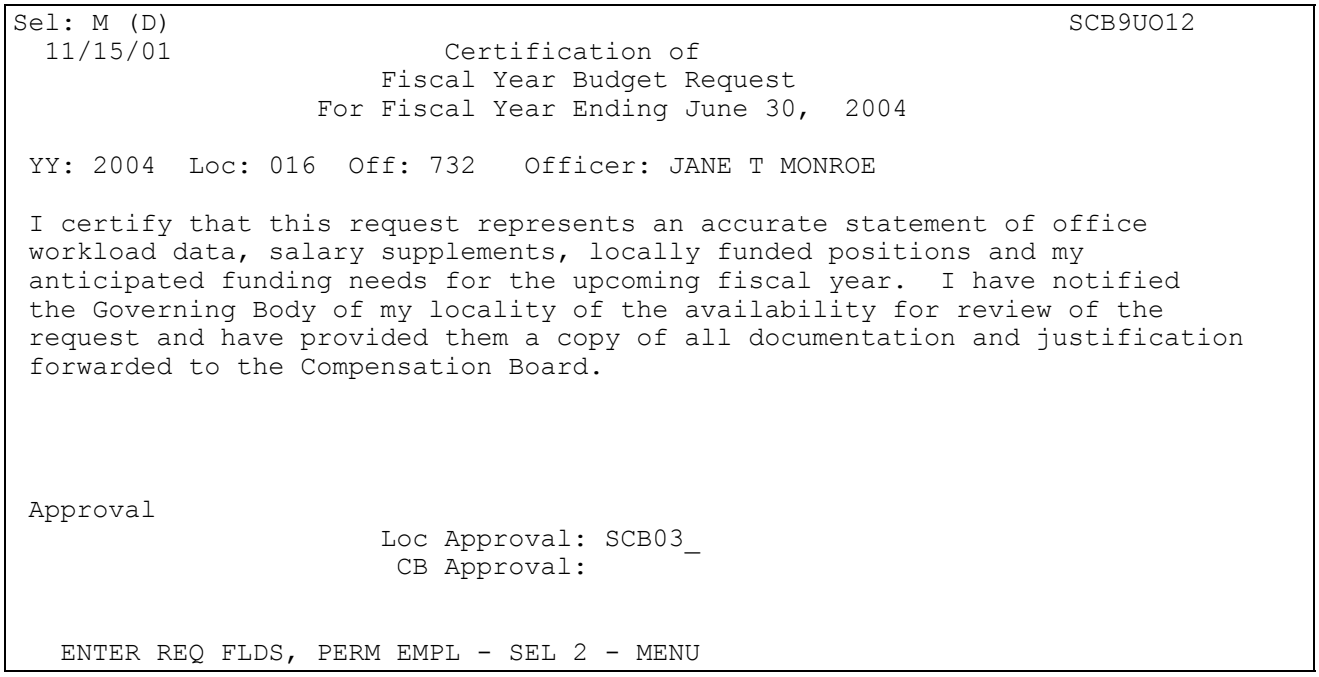


Figure 29

CERTIFICATION SCREEN

This screen will be displayed when 'D' is selected on the On-line Budget menu, or if you press 'Enter' after completion of the checkoff list screen and the selection field is blank. If you enter your user ID to submit your budget request and all screens that have required fields have not been processed, the system will not accept your sign off. Under this condition, the system will inform you that a required process has not been completed and a message will direct you to the incomplete process selection on the On-line Budget Menu. Once you have submitted your budget request you may not further modify your request. From the time of your submission until the completion of the budget approval process you may view only your submission. Upon approval of your budget, on May 1, you will be able to view your budget submission as approved, which will include any adjustments made by the Compensation Board.

CERTIFICATION

PLEASE CHECK YOUR REQUEST FOR ANY FINAL CHANGES, ONCE THE USER ID HAS BEEN ENTERED, THE OFFICER CAN NO LONGER MAKE CHANGES TO THE BUDGET REQUEST.

1. . "TAB" to the next field of entry.

   Loc Approval: Enter your **USER ID**

2. Press the "ENTER" key after completing information requested information

3. Press the "ENTER" key to proceed to the **Comment Screen**, or

4. Type "M" to return to the main menu.

TIP: If your screen has the error messages as shown at the bottom of the screen print on opposite page, you have not CERTIFIED. Please enter the number shown, "SEL 2", in the SEL field at the upper left hand corner of your screen to complete the required fields, and then return to the certification screen.

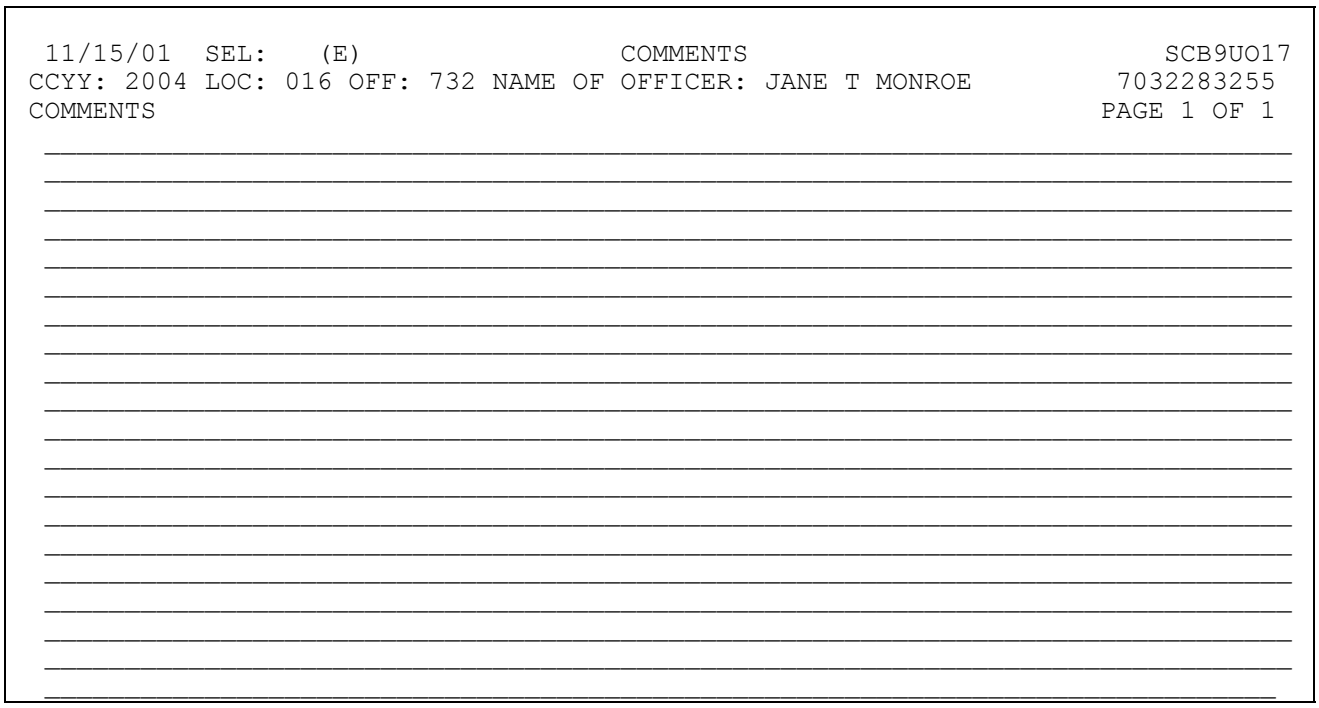


Figure 30

COMMENT SCREEN

These screens will be displayed when "E" is selected on the On-line Budget Menu. There are 40 lines on two screens that allow the entry of comments in a free form format. The use of these screens is optional and the data entered is not edited.

COMMENT SCREENS

This screen is available for any information you feel is necessary for the Compensation Board to know about your on-line budget request. There are only two screens available for your comments, so keep this in mind, as you may wish to send paper documentation for more detailed comments.

1. Please remember this screen will **Time Out**. Start typing the information you would like to convey, after about 5 minutes,
2. Press the "Enter" key and then enter **"E"** in the **SEL__** (at the top of your screen),
3. Press "Enter" again, this will refresh the screen and avoid losing the information you typed.
4. Please reference the section of the on-line budget request your comments are referring to, i.e. (5. PART II PART-TIME EMPLOYEE FUNDING).